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ABSTRACT

Described are the roles of volunteers in social services, particularly in child abuse programs. Traditional roles are seen to include driving and other nonspecialized functions, fund-raising, organizing and coordinating, education and public awareness activities, and voluntary professional services. The following new roles for volunteers in child abuse and neglect programs are listed: parent-aides, lay therapists, providers of direct services to children, and surrogate parents. Appended is a state by state listing of child abuse and neglect programs which use volunteers. (SBH)

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VOLUNTEERS IN CHILD ABUSE AND NEGLECT PROGRAMS

A Special Report from the National Center on Child Abuse and Neglect

JUNE 1977

EC 10 3882

National Center on Child Abuse and Neglect
U.S. Children's Bureau
Office of Child Development
U.S. Department of Health, Education and Welfare

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Preface

Until recently, efforts to improve treatment services for abused and neglected children and their families have necessarily focused on upgrading and expanding the capabilities of paid staff. But led by the early efforts of pioneers in different parts of the nation, we are now witnessing a growing interest in the use of volunteers to provide important assistance to public and private agencies.

This booklet seeks to describe some of the most important aspects of this growing use of volunteers, as discerned from the National Center's Clearinghouse on Child Abuse and Neglect Programs.

Douglas J. Besharov
Director
National Center on Child
Abuse and Neglect;
Children's Bureau

Introduction: The Nature and Importance of Volunteers

The use of volunteers in social service programs is not a new phenomenon. Private agencies, especially nonprofit agencies, have traditionally made extensive use of volunteers, but public agencies have only recently begun to incorporate them into their staffs. Prior to the 1920s, volunteers not only lent their names to good causes as board members and fund-raisers, but were the providers of direct services to clients. With the increase of emphasis in social work on casework skills and professionalism, the role of volunteers in direct services to clients diminished.

Recently there has been a revival of interest in the use of volunteers in direct services, as well as some legislative recognition of the importance of voluntarism. The 1967 amendments to the Social Security Act required that all states move toward the use of nonpaid volunteers as a part of the service program to strengthen family life through a team approach to services.[1]

Not all volunteer work is concerned with social problems. A 1974 survey by the Census Bureau showed that social and welfare work accounted for only 7% of volunteer work. Social and welfare activities were less popular with volunteers than were religious, education, health, civic/community action, citizenship, and recreational activities. In the same survey, it was found that during a typical week 34% of all volunteers were

1. U.S., Public Law 90-248, Title 2, Part 1, Section 210, January 2, 1968.

involved in giving direct services; 17% worked as group leaders, 13% as organizers, 8% as fund raisers, and 12% worked in clerical and other tasks. The remaining volunteers were engaged in religious activities.[2]

Recently, increasing numbers of abused and neglected children have come within the purview of social service agencies due to increased awareness and improved reporting procedures.[3] Public awareness campaigns have attracted a number of potential volunteers who are concerned with the problem. It is not surprising, then, to find an expanding role for volunteers in child abuse and neglect programs.

Traditional Roles

Volunteers have traditionally served in child abuse and other social service programs in the following capacities:

> driving and other nonspecialized functions
> fund-raising
> organizing and coordinating
> education and public awareness
> volunteer professionals

One typical use of volunteers is in roles which require little or no special skills or education. Volunteers with clerical skills are used to supplement the service staff in any program. Volunteers are also used to provide transportation to clients who might otherwise miss clinic and other important appointments. In programs which operate day care or nursery facilities, volunteers

2. ACTION, Americans Volunteer -- 1974 (Washington, D.C.: ACTION, February 1975), pp. 8-10.

3. See C. L. Johnson, Child Abuse in the Southeast: Analysis of 1172 Reported Cases (Athens, Ga.: Welfare Research, 1974), p. 11.

may take on nonspecialized tasks such as cleaning and cooking.[4] In programs which serve abusive families, however, even such a simple task as providing transportation to and from a day care center may play an important role in the rehabilitative process for both parents and children.[5] Here, an ability to demonstrate patience and gentleness with mothers who have difficulty having the children ready on time in the morning may be essential. The driver's relationship with the children is vital as well. The pick-up time is often stressful; it must be met by the driver with calm and understanding of the child's need for reassurance. This gives the child an opportunity to experience relationship with a mature adult ready and willing to meet his needs, as his parents are often unable to do.

Fund-raising is a traditional role for volunteers, and is especially crucial in programs which receive little or no public support. For example, at Casa de los Ninos, a temporary care facility in Tucson, Arizona, volunteers convinced local businesses, churches, service clubs, and individuals to donate a house and $165,000 in materials, money, and labor. This program is totally dependent on the community for its annual budget of $71,000.[6] Most private

4. S. L. Bean, "The Use of Specialized Day Care in Preventing Child Abuse," in Child Abuse: Intervention and Treatment, ed. N. B. Ebeling and D. A. Hill (Acton, Mass.: Publishing Sciences Group, 1975), p. 138.

5. J. D. Lipner, "The Use of Community Resources in Work With Abusive Families," in Child Abuse: Intervention and Treatment, ed. N. B. Ebeling and D. A. Hill (Acton, Mass.: Publishing Sciences Group, 1975), p. 133.

6. National Center for Voluntary Action, Volunteers in Child Abuse Prevention Programs (Washington, D.C.: National Center for Voluntary Action, June 1976), p. 2.

child abuse programs receive at least some funding though charitable organizations in which volunteers participate in fund-raising. The Junior League, for example, committed $25,000 in operating expenses to the Shelter Home for abused children operated by Comprehensive Youth Services in Fresno, California.[7] Volunteers also participated in direct fund-raising for this program by approaching service clubs and voluntary organizations. At the Child Abuse Prevention Effort (CAPE) in Philadelphia, a committee of volunteers was responsible for financial planning and allocation of funds, as well as preparing grant proposals. Recently, however, a full-time fund-raising coordinator has been hired to take over these functions.

Two functions frequently performed by volunteers which are closely related to fund-raising are organization and coordination. In many private, nonprofit programs all of the coordination and organization necessary for the inception and functioning of the program is done by volunteers. For example, in Parents Anonymous (PA), an all-volunteer self-help program for abusive parents, chapters are organized by volunteers, who then coordinate the efforts of other volunteers. Indeed, only volunteers may organize PA chapters: the PA Chapter Development Manual states that "a state, county or private agency or facility may not start a P.A. chapter. They may endorse and legitimize the need for P.A., they may refer members, they may support and encourage...but they may not start or be directly involved with the operations of

7. Ibid., p. 12.

a chapter." The rationale for this rule is that the exclusive use of volunteers is necessary to avoid the anti-agency feelings that many troubled parents have. Professional people may organize PA chapters, but only as volunteers, not as professionals affiliated with social service agencies, hospitals, or other organizations.[8]

Another kind of volunteer role concerned with organization and coordination is illustrated by the Children's Advocates program in Boston, Massachusetts. This is a volunteer organization which is not involved in direct services, but rather coordinates the efforts of local agencies involved in various aspects of child abuse and neglect.[9]

Education and public awareness represent another indirect service function in which volunteers may be effective. Public education, through speakers bureaus, conferences, and publications, is a major area of volunteer efforts. Lobbying for better child protection legislation, testifying at hearings, and studying and commenting on proposed laws are other volunteer roles. A good example of the efficacy of volunteers in increasing public awareness of child abuse and neglect can be found in the Danville (Va.) Committee for Child Protection. Both in the city of Danville and in the surrounding rural area, volunteers in this program have been educating the public through films, brochures, radio spots, and talks on the subject of child abuse and neglect.

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8. Parents Anonymous, Chapter Development Manual (Redondo Beach, Ca.: Parents Anonymous, 1975), p. 1.

9. National Center on Child Abuse and Neglect (NCCAN), Child Abuse and Neglect Programs (Springfield, Va.: National Technical Information Service, PB-253 650, June 1976), p. 2.

The 30-member group is composed almost entirely of young mothers. Since the fall of 1972, the Committee has held four large educational meetings open to anyone in the county, developed its own radio spots, and written and printed a brochure. The brochure is part of a kit given to all new mothers at the hospital, placed in hospital waiting rooms and doctors' offices, and distributed at meetings. The volunteers have handled over 100 speaking engagements; in rural areas, members have made presentations under the sponsorship of the PTA and the Rotary Club. Working closely with the city and county school boards, the Committee organized a meeting on the recognition of child abuse and neglect for teachers before the start of the school year. As a result of the Committee's work, a county multidisciplinary committee on child abuse was established, and the local hospital was the sixth in the state to adopt a specific policy on reporting child abuse and neglect.[10] Reports of incidents of child abuse or neglect increased more than five-fold in the Danville area.[11]

The involvement of professionals on a voluntary basis has been essential in many child abuse and neglect programs. Indeed, concerned professionals are often the catalyst in the formation of child abuse and neglect programs. They may act as consultants, provide training for volunteers and lay therapists, engage in

10. National Center for Voluntary Action, Volunteers in Child Abuse Prevention Programs, p. 3.

11. Northern Virginia Mental Health Association, Is Anybody Listening? Creative Approaches in the Delivery of Child Protective Services. A Public Forum (Arlington, Va.: Northern Virginia Mental Health Association, 1974), p. 62.

public awareness activities, or become involved in the coordination of services and agencies. Parents Anonymous uses volunteer professionals not only as organizers, but also as advisors and sponsors. Social workers, psychologists, nurses, ministers, and others act as resource people, assisting the PA chairperson in group techniques and locating resources in the community. Over 1,000 volunteer professionals have been involved in the past six years in PA. Volunteer professionals have also been active in stimulating the local public support that leads to the creation of a PA chapter.[12]

Children's Advocates, mentioned previously, was formed by a group of professionals from agencies involved with child abuse and neglect in response to the lack of coordination of child protective services they saw in the Boston area. The group incorporated in 1972 and its membership represents 30 local agencies, hospitals, and organizations. Children's Advocates organized the Boston chapter of PA and is now in the process of developing a hotline for abusive parents and a directory of local services. It operates a speakers bureau and has an active legislative committee that follows child welfare legislation and keeps the membership informed.[13]

Casa de los Ninos, mentioned above, is an example of the use of volunteer professionals in a direct service capacity. Volunteer registered nurses staff the facility during the day shift while paid nurses work the night shift. One nurse is assigned to each

12. National Center for Voluntary Action, Volunteers in Child Abuse Prevention Programs, p. 13.

13. Ibid, p. 5.

shift and is responsible for the two to eight volunteer nonprofessionals working with her. About 65 professional nurses are involved in the program.

Professionals, especially physicians, can be an important asset to a program in terms of access to resources and credibility. The authority of a physician can be invaluable in public awareness activities and in lobbying and testifying at legislative hearings.

Innovative Roles

A number of new roles for volunteers have been developed in child abuse and neglect programs in recent years, including the following:

> parent-aides
> lay therapists
> providers of direct services to children
> surrogate parents

Abusive families have been characterized as families which are isolated socially, which lack the supportive network of friends and family that typifies most normal families. Often the parents are incapable of taking advantage of the services available in the community.[14] Moreover, they have an overwhelming need for warmth and support which blinds them to the needs of their children. Well-trained, carefully selected volunteers can be used in a variety of direct service roles in the treatment of these families. Mature adults willing to work with abusive

14. Juvenile Protective Association, The Bowen Center Project. A Report of a Demonstration in Child Protective Services. 1965-1971. (Chicago: Juvenile Protective Association, 1975), p. 20.

families can be found in nearly every community. Empathy, gentleness, patience, and the basic capacity to love are important; having lived through the difficult experiences which come with marriage and parenting is often an invaluable asset.

Although emotional stability, warmth, openness, and reliability are desirable qualities in volunteer personnel, training is also essential for those who work directly with abusive parents. In a program at the Bernalillo County (New Mexico) Mental Health and Mental Retardation Center, volunteers who were to serve as parent aides in the treatment of abusive families participated in four three-hour training sessions.[15] Training emphasized knowledge of the social, medical, and legal aspects of child abuse and neglect; the characteristics of the abusing parent; and the development of interpersonal skills and skill in applying various treatment techniques. Training curricula from other programs emphasize the development of skills in interviewing, observation, identification of stressful areas in family life, and focusing on the parent-child relationship; identification and use of community resources; and the development of self-awareness in the helping relationship.[16]

Trained volunteers have been found to be important assets working directly with the abusive family, allowing the caseworker

15. C. Hinton and J. W. Sterling, "Volunteers Serve as an Adjunct to Treatment for Child-Abusing Families," Hospital and Community Psychiatry 26(3):136, March 1975.

16. See R. E. Meckes, Training Curriculum for Lay Therapists (Philadelphia: Regional Child Abuse and Demonstration Center, St. Christopher's Hospital for Children, 1975).

to concentrate his skills on problem-solving while the family receives support from the volunteer. Caseworkers, especially those in public agencies, rarely have time to give intensive supportive care to their clients; it is this type of care that abusive parents typically need, and that volunteers can supply. For example, in a program run by the Pediatric Service at Colorado General Hospital, volunteers trained as parent aides and assigned to abusive families were urged to ask the parents for a cup of coffee or tea and sit in the kitchen, to pay little attention to the children, and to listen with interest to the problems of the parents. These volunteers were matched as closely as possible to the abusive families by social and economic class.[17] Much of the work of parent aides involves helping parents to use other community resources of which they themselves may have taken advantage at one time. Other services included helping with clinic appointments and with shopping.

Volunteers trained as lay therapists serve as nonjudgemental, nonauthoritative counselors for abusive parents, often on a crisis intervention basis. In such programs, contacts are often made by telephone; for example, child abuse helplines employ volunteers in the capacity of lay therapists. In other programs, lay therapists are involved with families over a much longer period. The ideal therapist, according to Kempe and Helfer, is one who is prepared to become meaningfully involved in the lives

17. C. H. Kempe and R. E. Helfer, "Innovative Therapeutic Approaches," in Helping the Battered Child and His Family, ed. C. H. Kempe and R. E. Helfer (Philadelphia: J. B. Lippincott, 1972), p. 43.

of abusive parents over a period of eight to twelve months.[18]

Volunteers may also help in the treatment of abusive families through their involvement in direct services to children. Crisis nurseries manned by volunteers can provide a warm environment for children during crisis periods. Because the risk of abuse is high during family crises, these nurseries can be crucial in preventing abuse. Another use of volunteers in direct service to children is found in a unique program called the "emergency parent" program.[19] Here, volunteers equipped with an emergency kit which includes blankets, food, cooking equipment, and other items are dispatched on a crisis intervention basis to the home. Their primary function is to protect children in their own homes. Volunteers have also been used in hospital-based programs to provide physical contact and "cuddling" to hospitalized abused children.[20]

Through their relationship with abusive parents, which is typified by nonjudgemental concern, volunteers provide the parents with something they lacked as children, and in effect become surrogate parents. This function can be important in effecting change in the parent-child relationship, which is often

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18. Ibid., p. 42.

19. N. W. Paget, "Emergency Parent -- A Protective Service to Children in Crisis," Child Welfare 46(7):403-407.

20. Kempe and Helfer, "Innovative Therapeutic Approaches," p. 43.

characterized by the parents' expecting the children to meet their emotional needs.[21] The relationship of the lay therapist/parent aide to the parents also provides a positive role model for the parents by showing them new ways of relating to their children.

Conclusions

The evaluation of volunteers in child abuse and neglect programs, like the evaluation of the programs themselves, is a difficult matter. There are a number of indirect effects of volunteer involvement which must be considered, in addition to the direct contributions volunteers can make in a service program. For example, the satisfaction gained by the volunteer through his work is often reflected by professional staff, who find encouragement in the knowledge that they have allies in their efforts to intervene in neglect and abuse situations. Volunteers often help to keep the professional in touch with the community and the community conscience. In one program an improvement of relations between the community and the agency was found to be an unanticipated benefit of the use of volunteers. As the volunteers gained a better understanding of the agency's function and problems, the passed that understanding along to the community by word of mouth.[22] This is a significant benefit

21. N. Littner, "What Is Known About Child Abusers," in Child Abuse: Present and Future, ed. S. B. Harris (Chicago: National Committee for Prevention of Child Abuse, 1975), p. 70.

22. Suarez and Ricketson, "Facilitating Casework With Protective Service Clients Through Use of Volunteers," p. 315.

at a time when welfare agencies are facing a battle for public acceptance.

By virtue of their unpaid status and their nonauthoritative position within the agency, volunteers in protective service agencies may be able to form relationships with abuse and neglect parents which are not possible for the caseworker. The client can readily accept that the volunteer is involved because he or she cares, and can identify the volunteer as an ally. The volunteer does not have the apparent authority or control over the client's life inherent in the caseworker's role and therefore is less likely to be perceived in a threatening light. The volunteer can become a safe person to whom the client can express his or her anger and fears about the agency, the worker, and the situation. As both a friend to the client and a part of the agency, the volunteer becomes a means by which the client relates to the agency and the caseworker in a less threatening atmosphere.

Because no data exist on the productivity of volunteers, coordinators and directors of selected volunteer programs were asked to give their opinions on this subject during recent interviews.[23] Volunteers were generally reported to be reliable, hard-working, and enthusiastic. In programs where volunteers supplemented paid service workers, the enthusiasm of the volunteers was often a boost to the morale of the staff.

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23. Personal communications to Richard A. Roth, Herner and Company, Washington, D.C. For a list of persons and programs contacted, see Appendix I.

The use of volunteers is not without its problems, however. Regular agency staffs sometimes resist the use of volunteers to supplement service workers or to do more than transport children to doctor's appointments. Child welfare workers in some programs may be threatened by the thought that a nonprofessional could perform functions that the welfare workers feel requires professional expertise. Again, among the lower levels of employees, insecurity and fear of job loss tend to make the volunteer threatening. Also, there may be a wide cultural gap, particularly in the area of child-rearing practices: sometimes volunteers are better educated and in a higher socioeconomic bracket than the staff assigned to supervise them.

The decision on whether to use volunteers in any capacity must be based on the needs of the particular program. Despite the potential problems in their use, there is no doubt that volunteers have a unique and valuable contribution to make to child abuse and neglect programs.

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Appendix I

Persons and Programs Contacted

1. Nyles Wusterbarth; the Family Center, Washington, D.C.
2. Peg Stone, Judy Williamson; the National Center for Voluntary Action, Washington, D.C.
3. Lee Maggio; C.A.P.E., Philadelphia, Pa.
4. Mrs. Russell; ACTION, Washington, D.C.
5. Martha Romero; National Information Center on Volunteers in Court, Boulder, Col.
6. Anne Cohn, Linda Barrett; Berkeley Planning Associates, Berkeley, Ca.
7. Sister Mary Clark; Casa de los Ninos, Tucson, Az.
8. Jan Painter; S.C.A.N., Little Rock, Ark.
9. Debbie Britten; Pro-Child, Arlington, Va.

Appendix II

Child Abuse and Neglect Programs Which Use Volunteers

The information for Appendix II comes from Child Abuse and Neglect Programs, original and supplement, The National Center on Child Abuse and Neglect (DHEW), 1976. Available for purchase from:

The National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161

Purchase Information:

PB-253 650/6ST NTIS Prices: PC $15.00/MF $3.00
CHILD ABUSE AND NEGLECT PROGRAMS
June 1976, 412 pp.

PB-259 001 NTIS Prices: PC $5.00/MF $3.00
CHILD ABUSE AND NEGLECT PROGRAMS
November 1976 (Supplement), 76 pp.

Alaska

CP-01898
Fairbanks Health Center, Alaska.
800 Airport Way
Fairbanks, AK 99701
Child Protection Task Force.
C. Brice, and D. Schorr.
May 73.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, and follow-up are available. Parent aide services are offered directly to parents. Social work counseling, couples counseling, family counseling, and child management classes are available to parents through referrals. Children receive day care, individual therapy, and foster care services through referrals.
Clientele: Individual children, children in groups, individual parents, and families account for approximately 5, 5, 10, and 80 percent of the clientele, respectively. Clients are drawn from mixed-income, suburban and urban areas.
Staffing: The program staff consists of child welfare personnel, doctors, homemaker specialists, lay therapists, nurses, pediatricians, psychiatric social workers, psychologists, social workers, teachers, clergy, and a day care coordinator. All are volunteers.
Organization: The Task Force is governed by the Division of Mental Health, the Division of Social Services, and Fairbanks Health Center.
Coordination: Medical authorities, government social service agencies, schools, parents, neighbors, and victims are the major referral sources. Cases are reported by name to the social services and health departments, and by gross numbers to a state central registry.
Funding: During the last fiscal year, a service organization provided most of the program income.

Arkansas

CP-01823
Youth Home, Inc., Little Rock, Ark.
1921 W. 22nd
Little Rock, AR 72202
Youth Home.
C. Smelley
Feb 68.

Services: Most of the program scope encompasses child abuse and neglect. Social work counseling, couples counseling, family counseling, individual therapy, and residential care services are offered directly to parents. Children (primarily adolescents) receive individual therapy, residential care, group therapy, medical care, and employment assistance services directly. A follow-up program is being developed and will be utilized as needed.
Clientele: Individual children, children in groups, individual parents, parents in groups, and families are served. Clients are drawn from mixed-income rural, suburban, urban, and inner-city areas.
Staffing: The program staff consists of 1 full-time child welfare worker, 2 full-time psychiatric social workers, 1 consultant psychiatrist, and 1 consultant psychologist. Volunteer dentists and doctors are also utilized.
Organization: The administering organization is governed by its Board of Directors. An evaluation design is currently being developed by the Arkansas Graduate School of Social Work.
Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and clients themselves are the major referral sources. Cases are reported by name and identifying code to social services authorities.
Funding: During the last fiscal year, state-administered federal and private funds accounted for approximately 75 and 25 percent of the program finances, respectively. Private funds came from foundations, personal donations, and fees from individual clients. The Youth Home Auxiliary also assisted in funding.

California

CP-01548
Community Hospital of the Monterey Peninsula, Carmel, Calif.
Box HH
Carmel, CA 93921
Joint Child Protection Team.
L. Wooley, and T. Snell.
Aug 74.

Services: Most of the program scope encompasses child abuse and neglect. Medical care services are offered directly to parents, with social work counseling, family counseling, individual therapy, child management classes, welfare assistance, and medical care services obtainable through referrals. Children receive medical care and individual therapy directly, with foster care services furnished through referrals. An expansion of program services into general public education is anticipated.
Clientele: Individual children and families account for 30 and 70 percent of the program's clientele, respectively. Clients are drawn from mixed-income, rural, suburban, and urban areas.
Staffing: The program staff consists of child welfare personnel, doctors, nurses, and psychiatric social workers. All staff members are volunteers.
Organization: The administering organization is governed by a Medical Advisory Board. In November 1974, a Community Committee for investigating need, activity, and protocol for treatment of suspected or verified cases of child abuse was added to the Medical Advisory Board.
Coordination: Medical authorities are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, and health departments. Cases are reported by identifying code to the Community Council. Information other than case reports is shared with the social services, public health departments, and the Community Council.

CP-01838
YMCA of Chula Vista, Calif. Dept. of Human Development
577 3rd Ave.
Chula Vista, CA 92010
Family Stress Center.
G. D. Matthias, and L. V. Walker.
Jul 75.

Services: The program focuses primarily on child abuse and neglect. Social work counseling, parent aides, group therapy, Parents Anonymous, marriage counseling, family counseling, individual therapy, homemaking services, child management classes, family planning assistance, medical care, a resource library, education in stress reduction techniques, in-home baby-sitting, transportation, and diagnostic evaluation are offered to parents directly; diagnostic evaluation is also available through purchases; and Parents Anonymous, individual therapy, homemaking services, welfare assistance, family planning assistance, medical care, and diagnostic evaluation are available through referrals. For children, day care, medical care, play therapy, individual therapy, and diagnostic evaluation are offered directly and through referrals; foster care is available through referral. Follow-up will be by telephone review by the primary counselor every 6 months. Plans include the addition of a day care center.
Clientele: Services (primarily) treatment, but also identification, prevention, and follow-up) will be provided to individual children, children in groups, parents individually and in groups, and families from mixed-income, suburban, urban, and inner-city areas.
Staffing: A family counselor, lay therapists, a nurse, a psychiatric social worker, a consulting psychiatrist, a psychologist, social workers, a probation officer, and a volunteer coordinator comprise the staff. A social worker is shared with the Women's Resource Center in Oceanside and the County of San Diego provides the services of the probation officer, a Child Protective Service worker, and a dependent children worker. Addition of a diagnostic and assessment team is planned for the near future.
Organization: The program is conducted by a private, nonprofit organization under the supervision of the YMCA of San Diego and San Diego County. Program evaluation is a formative process: by assessment of the relative effectiveness of program variations, by determination of the conditions under which each of the program variations works best, and by collection and assessment of descriptive data about the occurrence, consequences, treatment, and prevention of child abuse and neglect. The technical director of E. H. White and Co. of San Francisco is in charge of evaluation.
Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, courts, abuse victims, and other concerned individuals refer cases to the program. Cases are reported by name to the police and judiciary, and to juvenile services, social services authorities, and health departments; they are reported in gross numbers only to other interested parties.
Funding: In the first 6 months of operation, 73 percent of the program's support came from direct federal funds and 27 percent from county funds.

CP-01588
Imperial County Crisis Hotline, El Centro, Calif.
652 Brighton
El Centro, CA 92243
Imperial County Crisis Hotline.
B.S.E. Akers, and C. Hendry.
Jan 75.

Services: The program focuses, in part, on child abuse and neglect. Social work counseling, parent aides, group therapy, Parents Anonymous, couples counseling, family counseling, individual therapy, homemaking services, health counseling, child management classes, employment assistance, housing assistance, welfare assistance, family planning assistance, medical care, and residential care are available to parents through referrals. For children, day care, therapeutic day care, medical care, play therapy, individual therapy, specialized therapy, foster care, and residential care are available through referrals.
Clientele: Children and families from rural and urban areas are served by the program. From March to September 1975, calls relating to child abuse and neglect accounted for approximately 1 percent of the total monthly calls. The hot line now deals with all types of crisis calls, but efforts are being made to obtain a grant for a separate child abuse line.
Staffing: Crisis-center counselors who answer the phone and make referrals comprise the staff; this group is supplemented by 10-15 volunteers who spend 4-11 hours per week on the phone.

Organization: This is a private, nonprofit organization with focus on providing hot line referral services. Originally a group of concerned citizens, it is now under the supervision of the Economic Opportunity Commission of Imperial County. Interagency evaluation is accomplished through monthly statistical reports.
Coordination: Schools, parents, abuse victims, siblings, and neighbors use the program.
Funding: In the last fiscal year, 65 percent of the program support came from direct federal funds and 35 percent from county funds.

CP-01538
Center for the Improvement of Child Caring, Los Angeles, Calif.
3755 Beverly Blvd.
Los Angeles, CA 90004
Center for the Improvement of Child Caring.
K. T. Alvy.
Jan 74.

Services: The program focuses, in part, on child abuse and neglect. Child management classes are offered to parents directly, through purchases, and through referrals; public presentations are offered directly. The program delivers public education services and programs on child care, children's rights, parent development, and child abuse prevention, and develops community services and research projects. Participants become members of the organization.
Clientele: In the last fiscal year, prevention services were provided for 300 children in groups, 500 individual parents, and 950 parents in groups; they came from suburban, urban, and inner-city, mixed-income areas.
Staffing: Volunteers staff the program. There is a community advisory council and a professional advisory council.
Organization: This is a private, nonprofit organization with a primary focus on education; it is under the supervision of a Board of Trustees. Program performance is evaluated from written reports of program participants.
Coordination: Cases are referred to the program via media publicity. There is consultation with most organizations in the child mental health, education, and child welfare areas.
Funding: In the last fiscal year, program support came from private foundation funds, member dues, and individual contributions.

CP-01673
Children's Rights Organization, Marina del Rey, Calif.
P.O. Box 9494
Marina del Rey, CA 90291
Children's Rights Organization.
M. B. Cowan.
Jan 73.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. The emphasis of the program is on youth advocacy. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, health counseling, child management classes, and legal information services are offered directly to parents. They are referred to other programs for Parents Anonymous, homemaking services, health counseling, child management classes, residential care, medical care, family planning assistance, legal information, and welfare services. Children receive play therapy, individual therapy, youth advocacy, legal information, and legal assistance services directly. Legal information and assistance are also available by referral. Follow-up is maintained through individual contacts as needed.

Clientele: Individual children, children in groups, individual parents, and families account for approximately 90, 7, 1, and 2 percent of the clientele, respectively. Clients are drawn from middle- and upper-income, suburban, and urban areas.
Staffing: The program staff consists of family counselors, lawyers, psychiatric social workers, social workers, teachers, and volunteers.
Coordination: Government social service agencies, law enforcement agencies, parents, neighbors, and prospective clients are the major referral sources. Information is shared with interested individuals and organizations.
Funding: During the last fiscal year, most of the program finances came from personal donations.

CP-01541
Child Abuse Prevention Services of Napa, Inc., Calif.
P.O. Box 815
Napa, CA 94558
Child Abuse Prevention Services.
L. J. Thomas.
Jun 72.

Services: The program focuses primarily on child abuse and neglect. Lay therapy, homemaking services, Mother's Helper services, and 24-hour crisis intervention hot line services are offered directly to parents, with social work counseling, group therapy, couples counseling, family counseling, individual therapy, health counseling, child management classes, residential care, medical care, family planning assistance, and welfare services obtainable through referrals. Children receive day care and foster care services directly, with therapeutic day care, medical care, play therapy, individual therapy, specialized therapy, and residential care services furnished through referrals. Follow-up is accomplished through direct client contacts and contacts with referral agencies conducted as needed. The program began as a 24-hour hot line service. The addition of an emergency housing and child care facility is contemplated.
Clientele: Individual children, individual parents, and families are served. During the last fiscal year, identification, prevention, and follow-up services were provided to 57, 114, and 31 individual children, respectively, and to 31, 52, and 26 families, respectively. Prevention and follow-up services were provided to 562 and 141 individual parents, respectively. Clients are drawn from mixed-income, rural and suburban areas.
Staffing: The program staff consists of lay therapists, program evaluators, psychologists, and training specialists.
Organization: The program is conducted by a private, nonprofit, mental health and social service organization. Program evaluation is maintained through recontacts with clients, counsel and guidance solicited by other private and public agencies working in related fields, and volunteer feedback.
Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, concerned individuals, and victims are the major referral sources. Cases are reported by gross numbers to the county for revenue sharing and grant purposes. Program, statistical, and treatment information are shared with Child Abuse Listening Mediation (CALM), Santa Barbara, CA.
Funding: In the last fiscal year, private funds accounted for most of the program income. The Napa-Solano Chapter of United Way contributed 11.2 percent of the program income, while voluntary agencies and personal donations accounted for the balance of funds.

CP-01[illegible]
Quali[illegible] Life, Inc., Palo Alto, Calif.
220 Miramonte Ave.
Palo Alto, CA 94306
Parental Stress Hotline.
S. L. Radl.

Services: The program is concerned primarily with child abuse. The service presently offers a 12-hour confidential telephone listening service, 7 days a week; home visits; group meetings for parents; scheduled child care for high-risk parents; crisis intervention child care; referrals to other agencies; and community education.
Clientele: The program serves residents of both San Mateo and Santa Clara County.
Staffing: The program is staffed by 24 fully trained volunteers, most of whom are parents.
Organization: The service is a private, nonprofit program. The program is sponsored by the Luke B. Hancock Foundation.
Coordination: The program provides consultation services for other programs or agencies.

CP-01663
Parents Anonymous, Inc., Redondo Beach, Calif.
2910 Artesia Blvd.
Redondo Beach, CA 90278
Parents Anonymous.
L. L. Lieber
Feb 70.

Services: The entire program focus is on child abuse and neglect. Parent aides, group therapy, Parents Anonymous, and child management classes are offered to parents directly; social work counseling, group therapy, family and couples counseling, individual therapy, homemaking services, health counseling, medical and residential care, and assistance in employment, housing, welfare, and family planning are available through referral. For children, play therapy, respite care, and short-term, emergency foster care are offered directly; day care, therapeutic day care, medical care, play therapy, individual and specialized therapy, and foster and residential care are available through referral. Follow-up is informal and varies from group to group in Parents Anonymous. Future plans include development of more specialized child abuse projects.
Clientele: Parents in groups represent 95 percent of the total clientele, individual parents 4 percent, and children in groups 1 percent. In the last fiscal year, identification services were provided for 50 parents in groups, prevention services for 2,970, treatment services for 2,850, and follow-up for 300.
Staffing: Psychiatric social workers, training specialists, paraprofessional program directors, and paraprofessional community coordinators staff the program.
Organization: This is a private, nonprofit national organization which focuses on therapeutic self-help. Program performance is evaluated from qualitative and quantitative data gathered by Behavior Associates of Tucson, Arizona.
Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, courts, abuse victims, and neighbors refer cases to the program. Cases are reported only when the parent leaves the group or refuses assistance and the child remains endangered. Information relating to individual attendance patterns is shared with the juvenile and family courts in order to expedite court planning.
Funding: In the last fiscal year, 90 percent of the program support came from direct federal funds, 5 percent from state-administered federal funds, and 5 percent from private voluntary agency funds, foundation funds, and personal donations.

CP-01599
Monterey County Dept. of Social Services, Salinas, Calif.
P.O. Box 299
Salinas, CA 93940
Crisis Intervention Continuum.
E. Deasy, and J. Phan.
Sep 72.

Services: Part of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, parent aide, couples counseling, family counseling, individual therapy, homemaking services, health counseling, family planning assistance, and welfare services are offered directly to parents, with some of these services, child management classes, and medical care services obtainable through referrals. Children receive foster care services directly, with day care, medical care, individual therapy, specialized therapy, and residential care services purchased from another program or furnished through referrals. Follow-up is accomplished through staffings conducted 3 times a year and through personal visits conducted on a weekly or semiweekly basis. The establishment of a Parents Anonymous service is anticipated. The program is a task force system which works cooperatively in the area of child abuse and neglect.
Clientele: Individual children, individual parents, and families are served. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 2,502, 400, 2,502, and 2,502 individual children, respectively; to 745, 316, 745, and 745 individual parents, respectively; and to 510, 80, 510, and 510 families, respectively. Clients are drawn from mixed-income, rural, suburban, and urban areas.
Staffing: The program staff consists of homemaker specialists, program evaluators, social workers, and training specialists.
Organization: The administering organization is governed by the Monterey County Board of Supervisors. Program plans and goals are reviewed through staffings. Cases are reviewed by the Accountability Supervisor.
Coordination: Medical and legal authorities, private social service agencies, schools, concerned individuals, and victims are the major referral sources. Cases are reported by name to the legal authorities and to the social services. The follow-up plan is shared with the Monterey SCAN team. Social workers are shared with the El Sausal Junior High School and with the Volunteer Bureau. A Woman-to-Woman program is purchased from the Volunteer Bureau, and training for employment services is purchased from Sav-a-Work, a rehabilitation program.
Funding: In the last fiscal year, state, state-administered federal, and county funds accounted for 7, 75, and 18 percent of the program's income, respectively.

CP-01614
San Diego Community Child Abuse Coordinating Council, Calif.
7798 Starling Dr. Suite 307
San Diego, CA 92123
San Diego Community Child Abuse Coordinating Council.
D. L. Chadwick.
Oct 73.

Services: The program focuses on child abuse and neglect. Consultant services are offered to multiple agencies.
Clientele: Multiple community agencies are served; there are over 40 member agencies.
Staffing: The staff is comprised of volunteers.
Organization: This is a private, nonprofit organization with focus on education.
Funding: In the last fiscal year, program support came entirely from university funds and personal donations.

CP-01598
Orange County Dept. of Social Services, Santa Ana, Calif.
1623 W. 17th St.
Santa Ana, CA 92702
Child Abuse Prevention and Intervention.
L. Adler.
Jul 74.

Services: The program scope focuses on child abuse and neglect. The program's main functions are community awareness, services coordination, and operation of the Child Abuse Registry, a 24-hour telephone line which receives and acts upon reports of suspected abuse. Social work counseling, group therapy, Parents Anonymous, couples counseling, family counseling, individual therapy, health counseling, child management classes, residential care, medical care, family planning assistance, and welfare services are offered to parents through referrals. Children receive day care, therapeutic day care, medical care, individual therapy, specialized therapy, foster care, and residential care services through referrals. Follow-up is undertaken 10 days after a report of abuse is received. Since the program's inception, volunteer respite care homes have been augmented, and outreach services have been developed. A community education program and inservice training are also provided.
Clientele: Clients are drawn from mixed-income, suburban and urban areas.
Staffing: The program staff consists of social workers. Volunteer and paraprofessional resources have recently been expanded.
Organization: The administering organization is governed by the Orange County Board of Supervisors.
Coordination: Medical and legal authorities, social service agencies, schools; and concerned individuals are the major referral sources. Information is released from the Child Abuse Registry to persons authorized to receive such information and in accordance with need to know and best interests of child.
Funding: In the last fiscal year, the county provided most of the program's income.

CP-01539
Child Abuse Listening Line, Inc., Santa Monica, Calif.
P.O. Box 1882
Santa Monica, CA
Child Abuse Listening Line.

Services: The entire program focus is on child abuse. Listening and referral services (long-term counseling, medical help, or temporary custody of the child away from home) are provided directly to parents via a 24-hour a day, 7-day a week anonymous hot line telephone service.
Clientele: Parents who abuse or fear they may abuse their children and friends and relatives who are concerned about suspected abuse are provided access to the program. In the last fiscal year, 243 calls were received.
Staffing: Volunteers trained by the UCLA Child Trauma Team receive calls in their own homes (transferred from the hot line number 828-CALL).
Organization: The program is operated by a private, nonprofit community organization with a primary function of offering nonpunitive therapy through listening.
Coordination: Newspaper, radio, and television interviews resulted in immediate response to the hotline. An educational film on child abuse was presented to CALL listeners and the general public. Information has been shared with DPSS, Legal Aid, Suicide Prevention, mental health clinics, Parents Anonymous, and schools and churches.
Funding: Program activities are supported by contributions from the community.

Colorado

CP-01412
Metropolitan Child Protection Council, Denver, Colo.
Colorado Women's College
Denver, CO 80220
Metropolitan Child Protection Council.
M. McAllister, and L. Blair.
Sep 74.

Services: The program scope is focused primarily on child abuse and neglect. Community education and legislative action are offered directly by the program. Services available to parents by referral to other programs are social work counseling, lay therapy, group therapy, Parents Anonymous, couples and family counseling, individual therapy, homemaking services, health counseling, and child management classes. Day care, therapeutic day care, medical care and play therapy are available through referral for children.
Clientele: Those served are children and groups from mixed-income, suburban, urban, and inner-city areas.
Staffing: Volunteers comprise the program staff. The hiring of paid staff is anticipated.
Organization: The program is a private, nonprofit organization with primary focus on education.
Coordination: Descriptions of active organizations and legislative review are shared with the Mayor's Continuing Committee on Child Abuse. The program is in the process of incorporating to become eligible to contract for educational services in the area of abuse and neglect.
Funding: The program's income is derived from voluntary agencies and personal donations.

CP-01436
Volunteers of America, Denver, Colo.
1965 Larimer
Denver, CO 80202
Group Homes.
D. Ely, and J. Hudson.
Feb 75.

Services: A part of the program scope is focused on child abuse and neglect. Play therapy, individual therapy, and residential care are offered directly to children by the program; specialized therapy and foster care are available by referral, and medical care for children is purchased from other services. Comprehensive social services, health services, and welfare services are available for families by referral to other programs.
Clientele: Those served are primarily individual children of mixed-income levels and from urban and inner-city areas.
Staffing: Resident counselors are on the program staff.
Organization: The administering agency is a private, nonprofit, charitable organization. Evaluation of the program is performed by the administering agency and utilizes a Management by Objectives system.
Coordination: Government social service agencies and courts refer cases to the program. Case reports are sent to juvenile services, social services, and state central registry maintained by the Division of Social Services.

Funding: The program's income is supplied by the county

CP-01413
Midwest Children's Home, Longmont, Colo.
Box 724
Longmont, CO 80501
Midwest Children's Home.
G. N. del Rosario.
Aug 74.

Services: Part of the program encompasses child abuse and neglect. Children receive specialized therapy, individual therapy, and residential care services directly.
Clientele: Services to individual mentally retarded children are emphasized. Clients are drawn from low-income, urban areas.
Staffing: The program staff consists of an administrator, child welfare personnel, child care staff aides, and a social work consultant. The program also utilizes volunteers.
Organization: The administering organization is governed by the Colorado Department of Social Services and by the Colorado Department of Institutions. Evaluation is maintained through regular meetings conducted by a licensed caseworker with the Colorado Department of Social Services.
Coordination: Private social service agencies are the major referral sources. Cases are reported by name to the legal authorities and to the juvenile services. Cases are also reported to the social services.

District of Columbia

CP-01739
Area A Community Mental Health Foundation, Washington, D.C.
1690 36th St. N.W.
Washington, DC 20007
Family Center.
R. W. Alpher, and N. L. Long.
Aug 75.

Services: The program is primarily focused on child abuse and neglect. Social work counseling, lay therapy, group therapy, couples counseling, family counseling, family planning assistance, and a hot line for providing family counseling 16 hours a day, 7 days a week are offered to families directly. Therapeutic day care, play therapy, and individual therapy are provided for children. Specialized therapy is purchased for children. Welfare services and medical care are provided through referrals.
Clientele: The program serves families from urban and inner-city areas and from all income levels. Since the program's inception 50 families have been identified as involved in abuse or neglect situations.
Staffing: The program staff includes psychiatric social workers, psychiatrists, psychologists, research specialists, teachers, support staff, and volunteers.
Organization: The program is evaluated internally, by the advisory board, and by volunteer critiques of training sessions.
Coordination: Information is exchanged on shared cases with the Children's Hospital National Medical Center and Protective Services of the D.C. Department of Human Resources. Staff members are shared with the D.C. Public Schools and American University. Speech and hearing clinic services are purchased from the Children's Hospital. Cases are referred by hospitals, government social services agencies, schools, law enforcement agencies, courts, parents, neighbors, and through self-referrals. Cases are reported to social welfare authorities.

Funding: The program is funded privately with personal donations, voluntary agency funds, and foundation monies.

Florida

CP-00447
Florida Sheriffs Girls Villa, Inc., Bartow.
P.O. Box 1380
Bartow, FL 3[illegible]
Florida Sheriffs Girls Villa.
R. A. Whitney, and A. A. Bricker.
Aug 72.

Services: The program primarily treats girls who have been neglected. The girls are provided with residential care, group counseling, and tutoring performed by volunteers.
Clientele: The program primarily treats children in groups. The girls are from a wide range of locales and all income levels.
Staffing: The program staff consists of child welfare personnel, psychologists, and social workers. The program also has access to the volunteer services of physicians and dentists.
Organization: The private, nonprofit organization is governed by a board of trustees.
Coordination: The program is affiliated with the National Association of Homes for Children. The program's primary sources of referral are social service agencies, schools, law enforcement agencies, courts, parents, and relatives outside the immediate family.
Funding: In the last fiscal year the program was primarily funded through private sources.

CP-00452
Hacienda Girl's Ranch, Inc., Melbourne, Fla
326 Croton Rd.
Melbourne, FL 32935
Hacienda Girl's Ranch.
F. Z. Kamer.
1970.

Services: The scope of the program includes girls who have been neglected or abused as well as others without stable homes for any reason. The program specifically provides residential and foster care for teenage girls.
Clientele: The girls, 12-17 years of age, are from a wide variety of locales and all income levels. The facility provides a home for 10 girls at a time.
Staffing: The program staff consists of 3 full-time persons and occasional volunteers.
Organization: This private, nonprofit child care facility was established by the Florida Federation of Women's Clubs. In-house evaluation usually takes place on a monthly basis.
Coordination: The girls are usually referred by physicians, social service agencies, law enforcement agencies, courts, parents, and other concerned individuals. Cases are reported to the judiciary or police, juvenile services, social welfare services, and health departments.
Funding: In the last fiscal year approximately 20 percent of the program was funded by the state through foster care stipends. The remainder was provided through personal donations.

CP-00457
Pinellas County Juvenile Welfare Board, St. Petersburg, Fla.
3455 First Ave. S.
St. Petersburg, FL 33711
Parent and Child Effective Relations.
C. G. Bennett, and R. L. Edwards.
May 74.

Services: In working with the interactions between parents and children the program serves abusive and neglectful parents and their children in addition to other families. The program provides a Parents Anonymous group, volunteer parent aides, a hospital trauma team, maternity ward consultation, child management classes, a legal intern program, staff training, education programs, and other early identification and prevention services. Babysitting is also provided for the families. Follow-up is completed through monthly behavioral record check lists through a cross record check with community Other services are provided through referral.
Clientele: Clientele are from mixed income levels and usually live in urban or suburban areas. of the program is training staff members of other public agencies.
Staffing: The program staff consists of program evaluators, psychiatric social workers, and social workers.
Organization: The administering organization is governed by the Pinellas County Board of Commissioners. The evaluation is performed by Berkeley Planning Associates and through internal analyses. The program is one of the federal government's Demonstration Child Abuse and Neglect Programs.
Coordination: Information is exchanged concerning cases with the Florida Department of Health and Rehabilitative Services and other local social service agencies and health agencies. General information concerning child abuse and neglect is provided to other public organizations. Also, one of the major parts of the program is training staff members of other public agencies. Physicians, social service agencies, schools, parents, and self-referrals are the program's primary sources of referral. Cases are reported individually to the Florida Department of Health and Rehabilitative Services. Cases are also reported by code to Berkeley Planning Associates and only in gross numbers to the Office of Child Development.
Funding: In the last fiscal year the program was supported entirely through federal funds.

Hawaii

CP-01845
Hawaii State Div. of Public Welfare, Hilo, Hawaii Branch.
75 Aupuni St.
Hilo, HI 96720
Protective Services.
A. K. Higa, and R. Watanabe.
May 69.

Services: The program scope focuses primarily on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, couples counseling, family counseling, individual therapy, homemaking services, health counseling, employment assistance, housing assistance, and family planning assistance services are offered directly to parents. Some of these along with welfare assistance and medical care services are obtainable through referrals. Children receive foster care services directly, with day care, medical care, play therapy, and individual therapy purchased from other programs or furnished through referrals. Follow-up is ac-

complished through monthly home visits, monthly phone calls, and monthly office visits. Since the program's initiation, a volunteer Child Abuse and Neglect Consultative Team and an Advisory Committee have been established. The development of a Parents Anonymous group is anticipated.
Clientele: Individual children, individual parents, and families are served. Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.
Staffing: The program staff consists of homemaker specialists and social workers.
Organization: The administering organization is part of the State Department of Social Services and Housing.
Coordination: Social service agencies, schools, legal authorities, concerned individuals, and prospective clients are the major referral sources. Cases are reported by name to a central registry maintained by the Hawaii Department of Social Services and Housing and by identifying code to the National Clearinghouse for Child Abuse and Neglect in Denver. Pertinent information is shared with the Hilo Police Department and with the Child Abuse and Neglect Consultative Team. Nursery school services are purchased from Project Keiki, counseling services are purchased from Awareness House, and money management and transportation services are purchased from the Office of Economic Opportunity.
Funding: In the last fiscal year, direct federal and state funds accounted for 75 and 25 percent of the program income, respectively.

Idaho

CP-01898
Idaho State Dept. of Health and Welfare, Idaho Falls, Region VII.
1655 Woodruff
Idaho Falls, ID 83401
Child Abuse and Neglect -- Child Protection Services.
R. Parish, and R. Redden.
1973.

Services: Child abuse and neglect are the primary concerns of the program. Social work counseling, lay therapy, group therapy, homemaking services, health counseling, parent training, employment, housing, and welfare assistance, and residential care are offered to parents and families directly. Foster care and residential care are provided directly to children. Group therapy, family and couples counseling, individual therapy, and medical care are purchased for families. Day care, medical care, therapeutic day care, individual and specialized therapy, and crisis nursery services are available to children by purchase. Many of these services and also Parents Anonymous and family planning are available by referral. Follow-up consists of monthly client contact and case evaluation every 3 months. Increased legal assistance is anticipated.
Clientele: Individual children and families, primarily, and some children and parents in groups receive identification, prevention, and treatment services. They are drawn from rural and urban mixed-income areas.
Staffing: The program staff includes a family counselor, homemaker specialists, a lawyer, 15 lay therapists, 8 social workers, 3 training specialists, 15 to 20 volunteers, and a program evaluator.
Organization: The program is evaluated semiannually by the State Child Protection Coordinator, Division of Welfare.
Coordination: Information related to identification or treatment of families is shared with Eastern Idaho Community Mental Health Center, police, or other agencies involved. Staff are shared with Head Start, Adult Services, and the Regional Day Care Center. Cases are referred to the program from a variety of sources. Cases are reported by code to the central registry maintained by the State Health and Welfare Department in Boise.
Funding: During the last fiscal year 25 percent of the program income came from state funds, and 75 percent consisted of state-administered federal funds.

Illinois

CP-01788
National Committee for Prevention of Child Abuse, Chicago, Ill.
111 E. Wacker Dr. 510
Chicago, IL 60601
National Committee for Prevention of Child Abuse.
B. Fraser
1972.

Services: The Committee provides public awareness, education, and national coordination of organizations concerned with the prevention of child abuse. The Committee intends to extend itself into each of the 10 Department of Health, Education, and Welfare regions.
Clientele: The program deals with professionals, paraprofessionals, and lay public (volunteers) throughout the nation.
Staffing: A lawyer, a training specialist, 2 journalists, and a volunteer serve the program on a full-time basis.
Organization: The Committee's Board of Directors consists of directors of many child abuse programs which are national in scale. Internal evaluation is performed monthly by the Executive Director and semiannually by the Board.
Coordination: Information is shared with all interested programs who deal directly or peripherally with child abuse and neglect.
Funding: The program's income came from personal donations during the last fiscal year.

CP-00758
Uptown Task Force on Child Abuse, Chicago Ill.
1004 W. Wilson
Chicago, IL 60640
Uptown Task Force on Child Abuse.
M. Iliopoulous.
Nov 74.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, and follow-up are available. The program's main function is to explore the local need for services in the areas of child abuse and neglect, to determine where the gaps in services are and what can be done to develop a model program. Improved coordination of local helping agencies is a long-range goal. The program disseminates information to the community and has provided practical assistance in identifying child abuse and neglect cases. Consultation and monitoring services are offered directly to parents. Children receive day care, medical care, individual therapy, and foster care services through referrals. Follow-up is maintained through monthly meetings by the program's Case Documentation Committee.
Clientele: Services to families are emphasized. Clients are drawn from low-income, inner-city areas.
Staffing: The staff consists of volunteers from a number of community agencies.
Organization: The program is conducted on a private, nonprofit basis.
Coordination: The program is affiliated with the National Committee for Prevention of Child Abuse and with 15 social service, welfare, and educational agencies. Information on child abuse and neglect is freely exchanged with interested members of the community.
Funding: Due to the lack of local or federal funds, the program has shifted from a service oriented attitude to one of consultation, monitoring, education, advocacy, and services coordination.

CP-00723
Child Advocate Association, Chicago, Ill.
19 S. La Salle St. Rm. 401
Chicago, IL 60603
Child Advocate Association.
T. Hanrahan.
Feb 75.

Services: Most of the program scope encompasses child abuse and neglect. Follow-up services are emphasized. The program provides legal intervention on behalf of children in relation to those services and institutions that impinge on their lives. Legal representation services are offered directly to children. The program aims to establish hospital-based, interdisciplinary, interagency child abuse teams at [illegible] county hospitals; to develop a pool of volunteer attorneys to provide legal assistance to abused children; to provide legal and social work consultation to allied professions; to develop treatment resources for families who abuse their children; and to encourage increased awareness and skill in handling child abuse on the part of professionals and the public. Follow-up is maintained through bimonthly case conferences and court reports.
Clientele: Program services focus on individual children. Clients are drawn from urban areas.
Staffing: The program staff consists of lawyers and social workers.
Organization: The Association is a private, nonprofit child advocacy organization.
Coordination: Hospitals and social service agencies are the major referral sources.
Funding: In the last fiscal year, primary funding of the program was provided by the Illinois Law Enforcement Commission. Additional income consisted of foundation grants and personal donations.

CP-01796
American Red Cross, Chicago, Ill.
43 E. Ohio St.
Chicago, IL 60611
Parent Aides -- Volunteers in Support of Visiting Nurses Association -- Neglected Children.
J. Des Landis.
Jul 76.

Services: The program is primarily concerned with neglected children. Parent aide services will be offered directly to parents. Follow-up will be maintained through conferences with the child abuse team conducted on a weekly basis at the onset of the program.
Clientele: Individual parents are expected to be the primary clientele. Clients will be drawn from low-income urban and inner-city areas.
Staffing: The program staff will consist of lay therapists, nurses, program evaluators, and social workers.
Organization: The method of program evaluation is to be determined by the Visiting Nurses Association. The program is a collaborative effort of the Red Cross and Visiting Nurses Association.

Coordination: The Visiting Nurses Association will be the major referral source. Cases will be reported to the Visiting Nurses Association. Information will be shared with all American Red Cross Chapters.
Funding: Most of the program income will arise from voluntary agency funds.

CP-00718
Child and Family Advocates of Evanston, Ill.
1601 Sherman Ave.
Evanston, IL 60201
Child and Family Advocates of Evanston.
J. A. Bogle, and M. Fitzgerald.
Apr 75.

Services: Most of the program scope encompasses child abuse and neglect. Social work counseling, parent aide, Parents Anonymous, couples counseling, family counseling, individual therapy, and homemaking services are offered to parents on a contractual basis, with child management classes obtainable through referrals. Children receive day care and individual therapy on a contractual basis, with foster care and residential care provided through referrals.
Clientele: Individual children, individual parents, parents in groups, and families account for 20, 60, 10, and 10 percent of the clientele, respectively. Clients are drawn from urban areas.
Staffing: The program staff consists of an administrator and a coordinator.
Organization: The program is conducted by a private, nonprofit social service agency. Process evaluation is accomplished by E. H. White and Co.
Coordination: Hospitals, social service agencies, schools, law enforcement agencies, concerned individuals, and victims are the major referral sources. Cases are reported by name to a central registry maintained by the Illinois Department of Children and Family Services. Professional counseling, lay volunteer, and hotline services are purchased from the Family Counseling Service, the Early Child Development Center, the Child and Adolescent Psychiatric Center, the St. Francis Adult and Child Guidance Center, and the Mental Health Association of Evanston. Homemaker services are purchased from North Suburban Homemakers and day care services are purchased from the 4 C's Resource Center.

CP-00755
Parental Stress Services, Glenview, Ill.
1821 George Ct.
Glenview, IL 60025
Parental Stress Services.
M. M. Morrison, and J. Kokes.
Nov 74.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of prevention, treatment, and follow-up are available. Parent aide, Parents Anonymous, and parent to parent discussion group services are offered directly to parents, with a wide range of human, social, health, and welfare services obtainable through referrals. Children receive day care, therapeutic day care, medical care, play therapy, individual therapy, specialized therapy, foster care, and residential care services through referrals. Volunteer parents are available for discussions with children on a direct basis. Follow-up is maintained through phone contacts, home visits, and weekly group meetings. An improvement in the training program for outreach workers is anticipated.

Clientele: Individual children, individual parents, parents in groups, and families are served. During the last fiscal year, prevention, treatment, and follow-up services were provided to 40 individual children, 872 individual parents, 30 parents in groups, and 134 families. Clients are drawn from mixed-income, suburban, urban, and inner-city areas.
Staffing: The program staff consists of family counselors, nurses, pediatricians, psychiatrists, psychologists, and trained volunteer parents. The volunteer telephone staff has increased from 20 to 60 people since the program's initiation.
Organization: The program is conducted by a private, nonprofit parent self-help organization. Program evaluation is accomplished by ascertaining the stability of positive parental behavior at follow-up.
Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, concerned individuals, and victims are the major referral sources. Cases are reported by name to the Illinois Department of Children and Family Services.
Funding: In the last fiscal year, personal donations accounted for most of the program income.

Indiana

CP-00809
Quinco Consulting Center, Columbus, Ind.
2075 Lincoln Park Dr.
Columbus, IN 47201
Project Children: A Rural Child Protection Program.
T. R. Selcik.
Dec 74.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, lay therapy, Parents Anonymous, and family counseling services are offered directly to parents; a wide range of special, social, health, and welfare services is obtainable through referrals. Children receive individual therapy directly, with a wide variety of child health and child care services furnished through referrals. Follow-up is maintained through weekly to monthly caseworker contacts over a period of from 3 to 6 months. Services have expanded considerably since the program's inception. The initiation of a crisis nursery and individual county parent aide programs is anticipated. Consultation and coordination services are provided to public social service agencies.
Clientele: Services to families are emphasized. During the last fiscal year, identification, prevention, and treatment services were provided to 331 families. Clients are drawn from mixed-income, rural areas.
Staffing: The program staff consists of lay therapists, nurses, pediatricians, psychiatric social workers, psychologists, social workers, and a community education coordinator. An expansion of staff is anticipated.
Organization: The administering organization is governed by the Region Ten Mental Health Foundation, Inc., and by the Indiana Department of Mental Health.
Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, relatives outside the immediate family, neighbors, and victims are the major referral sources. Cases are reported by name to the social services and to a central registry maintained by the Bartholomew County Department of Public Welfare for a 5-county area. Program information is shared with C.A.N.C.O., South Bend, Indiana, and with Marion County Department of Public Welfare. Psychologists are shared with other programs conducted by the Center, nurses with the Bartholomew County Hospital, and social workers with the Bartholomew County Department of Public Welfare.
Funding: In the last fiscal year, direct federal and private funds accounted for 85 and 15 percent, respectively, of the program's income.

CP-00811
Saint Joseph County Community Coordinated Child Care (4-C's), South Bend, Ind.
3517 E. Jefferson Blvd.
South Bend, IN 46615
Saint Joseph County Child Abuse and Neglect Coordinating Organization (CANCO).
S. Whittaker, and E. Gergesha.
Nov 73.

Services: The scope of the program is focused on the identification, prevention, treatment, and follow-up of cases of child abuse and neglect. Lay therapy and a Parents Anonymous group are offered directly for parents; social work counseling, group therapy, couples and family therapy, individual therapy, homemaking assistance, health counseling, and child management classes are obtained by referral. Children are referred for day care, therapeutic day care, medical services, play therapy, individual therapy, specialized therapy, and foster care. Short-term, emergency residential care is provided directly for children and parents. Cases are reviewed twice monthly by members of the diagnostic and consulting team.
Clientele: The program serves families from low-income groups in suburban, urban, and inner-city areas.
Staffing: The program is staffed by social workers and coordinators. The addition of a another coordinator and additional paraprofessionals is planned. Voluntary staff members include a psychologist and child development specialist from the Mental Health Center, a pediatrician from the South Bend Clinic, an attorney from Legal Services, and social workers from the Family and Children's Center.
Coordination: Cases are referred by government social service agencies and by law enforcement agencies. Educational, legal, and program information is shared with all members of the program's Board.
Funding: The program is supported by federal funds distributed by the state and by private funds, including a grant to the Junior League.

Iowa

CP-01848
Community Council for the Prevention of Child Abuse and Neglect, Cedar Rapids, Iowa.
701 10th St. S.E.
Cedar Rapids, IA 52403
Community Council for the Prevention of Child Abuse and Neglect.
M. Ward, and D. Rattner.
Sep 75.

Services: The Council serves an educational function, providing community education, resource coordination services, and professional education. Individual task forces and standing committees deal with specific problems in the areas of child abuse and neglect.

Clientele: Services to parents and to concerned individuals are stressed.
Staffing: The program staff consists of volunteer workers from a wide range of professions.
Organization: The Council is governed by the Linn County Board of Social Services. The program is evaluated internally by the Steering Committee.
Coordination: Community education resources are shared with the Regional Resource Center in Oakdale and analytical material on the present state of community resources is shared with the Linn County Department of Social Services. The Council is closely affiliated with Parents Anonymous.

CP-01247
Community Council for the Prevention of Child Abuse and Neglect, Cedar Rapids, Iowa.
701 10th St. S.E.
Cedar Rapids, IA 52403
Child Abuse and Neglect Multidisciplinary Consultation Team.
M. Ward, and K. Bone.
May 76.

Services: The major function of the Team is to provide diagnostic consultation and recommendations for treatment of the Linn County Department of Social Services.
Clientele: Services to families are stressed. Clients are drawn from mixed-income, rural, and urban areas.
Staffing: The Team consists of lawyers, nurses, psychiatrists, social workers, teachers, a Parents Anonymous representative, and a law enforcement official. The addition of a physician to the team is anticipated. These volunteers serve approximately 4 hours per month.
Organization: The administering council is governed by the Linn County Board of Social Services. The program is internally evaluated on an informal basis. A Community Council Committee evaluates the team's activities, and the Linn County Social Services provides follow-up reports as to the effectiveness of the team's recommendations.
Coordination: Private physicians and government social service agencies are the major referral sources. Cases are reported by identifying code to social services authorities.

CP-01273
Parents Anonymous, Inc., Des Moines, Iowa.
3420 one-half Forest
Des Moines, IA 50311
Parents Anonymous
L. Miller.
Jan 75.

Services: The program focuses, in part, on child abuse and neglect. Parent aides, group therapy, and Parents Anonymous are offered to parents directly. Follow-up is accomplished through personal contact, as needed.
Clientele: In the last fiscal year, 21 parents in groups were afforded prevention, treatment, and follow-up services; they came from rural, suburban, urban, and inner-city, mixed-income areas.
Staffing: Volunteer lay therapists comprise the staff.
Organization: This is a private, nonprofit organization with the primary function of providing self-help for parents; the program is under the supervision of Parents Anonymous, Inc. Program performance is evaluated by the parents and by the national chapter.
Coordination: Government social service agencies, courts, the Crisis Line, the Child Guidance Center, abuse victims, and relatives refer cases to the program.
Funding: Program support comes entirely from private sources, the local chapter relies on donations for advertising and postage.

CP-01288
Madison County Dept. of Social Services, Winterset, Iowa.
110 W. Green St.
Winterset, IA 50273
Protective Services.

Services: Part of the program is focused on child abuse and neglect, with services provided in the areas of identification, prevention, treatment, and follow-up. Social work counseling, couples and family counseling, individual therapy, health counseling, employment and housing assistance, welfare assistance, family planning assistance, and medical care are offered directly by the program. Group therapy, residential care, and other services are available by referral to other programs, and homemaking services are purchased from other services. Day care, individual therapy, and foster care are furnished for children. Monthly personal visits along with letter and telephone contacts provide follow-up.
Clientele: Approximately 50 percent individual children, 25 percent parents, and 25 percent families are served. Clients are primarily from mixed-income, rural areas.
Staffing: Child welfare personnel, family counselors, social workers, and training specialists are on the program staff.
Organization: Staff and administrators of the county social services review progress and change in the program.
Coordination: Medical authorities, government social service agencies, schools, law enforcement agencies, courts, concerned individuals, and abuse victims refer cases to the program. Case reports are sent to the police or court officials, juvenile services, social welfare services, health departments, and the state central registry. Social history information is shared with the West Central Mental Health Center, and general case information with the juvenile services and police.
Funding: The program income is derived from the state social services. Funds are paid out for residential care, group comprehensive care, and mental health counseling.

Kansas

CP-01284
Kansas State Dept. of Social and Rehabilitation Services, Dodge City. Dodge City District.
P.O. Box 878
Dodge City, KS 67801
Protective Services.
K. Harkins, and L. Perrier.
Jan 74.

Services: The program focuses in part on child abuse and neglect. Social work counseling, family counseling, individual therapy, homemaking services, and assistance in employment, housing, welfare, and family planning are offered to parents directly; individual and group therapy, couples and family counseling, health counseling, family planning assistance, medical care, and residential care are available through purchases; and individual and group therapy, couples and family counseling, employment and family planning assistance, and medical care are available through referrals. For children, individual therapy is offered directly; day care, medical care, play therapy, and individual and specialized therapy are available through purchases and referrals; and foster and residential care are available through purchases only.
Clientele: Identification, prevention, treatment, and follow-up services are provided for children individually and in groups, individual parents, and families from rural and urban, low-income areas. In the last fiscal year, 206 children were given protective services.
Staffing: Homemaker specialists and social workers comprise the staff.
Organization: The program is under state supervision; program performance is evaluated by supervisors of social workers at the district and regional levels. Changes from district to area administration, equalizing social service staff coverage across the state are anticipated in the near future.
Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, courts, abuse victims, and other concerned individuals refer cases to the program. Cases are reported by name to the police and judiciary, and to juvenile services, social and welfare services, health departments, private physicians, complaintants, and to a state central registry maintained by the Department of Social and Rehabilitation Services.
Funding: In the last fiscal year, 75 percent of the program support came from state funds and 25 percent from state-administered federal funds.

CP-01293
Newton Social Rehabilitation Services, Kans. Newton District.
121 E 4th
Newton, KS 67114
Harvey County Child Protection Team.
J. Davidson.
Oct 71.

Services: The program focuses primarily on child abuse and neglect. Social work counseling, family counseling, homemaking services, employment assistance, welfare assistance, and family planning assistance are offered to parents directly; parent aides, individual and group therapy, couples and family counseling, and welfare assistance are available through purchases. For children, foster care is offered directly; day care, therapeutic day care, medical care, play therapy, and individual therapy are available through purchases.
Clientele: Individual children, individual parents, and families from rural, mixed-income areas are provided identification, prevention, treatment, and follow-up services.
Staffing: Child welfare personnel, physicians, lawyers, pediatricians, psychiatric social workers, psychiatrists, psychologists, social workers, and teachers comprise the staff; all except the social workers are volunteers.
Organization: The program is under the supervision of the Kansas Department of Social and Rehabilitative Services.
Coordination: Private physicians, social service agencies, schools, law enforcement agencies, courts, abuse victims, and other concerned individuals refer cases to the program. Cases are reported by name to a state central registry maintained by the Department of Social and Rehabilitative Services.
Funding: Much of the program is supported by volunteer services, but there is also support from state and state-administered federal funds.

1292
ninger Foundation, Topeka, Kans.
00 W. 6th
peka, KS 66606
lage House Project.
hamberlin, and E. Unkefer.
9.

ices: The program focuses, in part, on child e and neglect. Social work counseling, y counseling, health counseling, child agement classes, family planning tance, recreation and social contact pro-, and growth and humanistic experiences offered to parents directly; social work seling, parent aides, group therapy, nts Anonymous, marriage counseling, y counseling, individual therapy, health seling, medical care, residential care and tance in employment, housing, welfare, family planning are available through refer- For children (teens), group and individual apy and night activities are offered directly: care, therapeutic day care, medical care, therapy, individual therapy, specialized apy, foster care, and residential care are able through referrals. Follow-up is infor- and initiated by the teen client. The open- of a runaway house and temporary emer- y shelter for teens is anticipated in the near e.

ntele: Individual children (teens) comprise ercent of the total clientele; in the last fiscal identification services were provided for ens, prevention services for 30, short-term ment services for 60, and follow-up ser- for 30. These services were also provided teens in groups, individual parents, and lies in groups. Those served by the pro- come from suburban and urban mixed-in- e groups.

ing: Family counselors, lawyers, hiatric social workers, psychiatrists, hologists, social workers, and teachers prise the staff; all are volunteers.

anization: The Foundation is a private, non- it organization with focus on mental health, l service, and education; the House is a h drop-in growth and counseling center. ram performance is evaluated internally by Foundation.

rdination: Private social service agencies, ols, law enforcement agencies, abuse vic- , and other concerned individuals refer s to the program. Cases are reported by e to social services authorities.

ding: Program support comes from private ces, including voluntary agency, founda- and personal donations.

1297
eka Chamber of Commerce, Kans.
nen's Div.
2 Kansas Ave.
peka, KS 66601
ekans Against Crime Volunteer Family ram.
unn, and T. Scuddemore.
75.

ices: The program focuses primarily on l abuse and neglect. Parent aides are able directly; social work counseling, p therapy, Parents Anonymous, marriage seling, family counseling, individual apy, housing assistance, welfare tance, family planning assistance, and ical care are available through referrals.

ntele: Individual parents constitute the r part of the clientele. Those served by the ram come from low-income areas.

ing: Lay therapists, nurses, pediatricians, hiatric social workers, and social workers the program. Social work staff is shared the Department of Social and Rehabilita-tive Services. Hospital staff serve as consultants.

Organization: The program is operated by a private, nonprofit organization, made up of interested citizens, with a program focus on prevention and care. Supervision is provided by the Social Work Department of Stormont Vail Hospital in Topeka and the Protective Service Unit of the Department of Social and Rehabilitative Services.

Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, courts, abuse victims, and parents refer cases to the program. Cases are reported by name to social services authorities. Information on client progress is shared with the Protective Service Unit and with referring agencies, therapists, and physicians.

Louisiana

CP-01121
Youth Services, Inc., New Orleans, La.
700 Frenchmen St.
New Orleans, LA 70116
Greenhouse Crisis Center for Adolescents.
D. Loving.
Jan 72.

Services: Provisions for the identification, prevention, treatment, and follow-up of abused and neglected children and their families are part of the program. Social work counseling, couples counseling, and family counseling are provided directly to families. Families are referred for couples counseling, health counseling, and family planning. Children are provided directly with individual therapy, residential care, and group therapy. They are referred for medical care. Immediate follow-up is provided for most cases and local clients receive telephone follow-up on a long-term basis.

Clientele: Clients are primarily adolescents of families from mixed-income levels.

Staffing: The staff is composed of doctors, family counselors, program evaluators, psychiatrists, psychologists, and social workers. Utilization of volunteers and a changeover of staff members are anticipated.

Organization: This is private, nonprofit organization. Evaluation is in the form of staff meetings and data analysis.

Coordination: The program is affiliated with the National Network of Runaway and Youth Programs. Sources of referrals are social service agencies, schools, legal authorities, parents, and other concerned individuals. Self-referrals are also utilized. Information from various group homes in the form of psychiatric evaluations and social summaries is evaluated for entrance to the program.

Funding: In the last complete fiscal year approximately 60 percent of funding came directly from federal sources and 40 percent from a private, voluntary agency.

CP-01106
Parents Anonymous of Greater New Orleans, La.
4668 Venus St.
New Orleans, LA 70122
Parents Anonymous.
J. Friedmann.
Apr 75.

Services: The scope of this program concerns the identification, prevention, treatment, and follow-up of parents who abuse or neglect their children. Services offered directly to parents include social work counseling, group therapy, family counseling, and individual therapy. Parents are referred for lay therapy and individual therapy. Weekly follow-up contacts are made with groups and individuals.

Clientele: Clients are approximately 40 percent individual parents and 60 percent parents in groups. They are primarily from urban and inner-city areas and mixed-income levels.

Staffing: All staff members are volunteers.

Organization: The program is supervised by the Parents Anonymous Board of Directors. The program is evaluated in terms of the attendance at group meetings and the number of crisis hot line calls received.

Coordination: Sources of referrals are private physicians, social service agencies, schools, legal authorities, parents, other relatives, and self-referrals. Cases are reported by name and by identifying code to social or welfare services.

Funding: The program is supported by private contributions.

CP-01119
Volunteers of America, Shreveport, La.
354 Jordan St.
Shreveport, LA 71101
Maternity Home, Nursery, Child Placing Agency, and Sheltered Group Home.
R. Sparks.
1935.

Services: Part of the program scope encompasses child neglect. Identification services are emphasized. Social work counseling, couples counseling, family counseling, and residential care services are offered directly to parents. Children receive residential care and adoption services directly from the program. Casework reports are filed on each client on an ongoing basis.

Clientele: Services to individual children and their mothers are emphasized. During the last fiscal year, identification services were provided to 58 individual children. Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of child welfare personnel, family counselors, lawyers, nurses, nutritionists, pediatricians, social workers, teachers, and houseparents.

Organization: The program is administered by a church-affiliated social welfare organization. Program evaluation is maintained through case reviews conducted by a Volunteers of America casework supervisor and through licensing procedures of the Louisiana Health and Human Resources Administration.

Coordination: The program is affiliated with the National Society of the Volunteers of America. Private physicians are the major referral source. Cases are reported by name to the juvenile and social services. Case information is shared with state social service agencies and the juvenile court.

Funding: In the last fiscal year, state and private funds accounted for 9 and 91 percent of the program income, respectively, with donations from a voluntary agency and fees from individual clients representing the bulk of private finances.

Massachusetts

CP-01706
Boston Dept. of Health and Hospitals, Mass.
818 Harrison Ave.
Boston, MA 02118
Boston City Hospital Child Abuse Team.
A. McDonald.
Sep 70.

Services: The program is primarily concerned with child abuse and neglect. Social work counseling, health counseling, family planning assistance, and medical care are provided for families. Social work counseling, group therapy, Parents Anonymous, couples counseling, family counseling, individual therapy, child management classes, welfare services, family planning assistance, and residential care are available through referrals. The children are provided with medical care, play therapy, individual therapy, and specialized therapy. Children are referred for day care, therapeutic day care, foster care, and residential care. Quarterly follow-up is maintained through return visits to the clinic and contacts with other community agencies involved with the families.
Clientele: The program usually serves low-income families from urban and inner-city areas.
Staffing: Team members include child welfare personnel, lawyers, nurses, pediatricians, social workers, and a data coordinator. All team members are employed by the Department of Health and Hospitals in other programs and are volunteers with the Child Abuse Team.
Organization: Evaluation is performed informally through peer review and interagency dialogs.
Coordination: Clients are referred from a wide variety of sources including some neighborhood health centers. Cases are reported to the judicial branch, juvenile services, and social welfare services.

Michigan

CP-00857
Huron County Dept. of Social Services, Bad Axe, Mich.
102 County Office Bldg
Bad Axe, MI 48413
Protective Services to Children.
R. Wruble, and C. J. Shepherd.
1974.

Services: The program focuses primarily on child abuse and neglect. Social work counseling, family counseling, and assistance in employment, housing, family planning, and welfare matters are offered to parents directly; family counseling, individual therapy, and residential and medical care are available through purchase; and parent aides, homemaking services, health counseling, and family planning assistance are available through referrals. For children, individual therapy is offered directly; day care, medical care, foster and residential care; and individual therapy are available through purchases and day care and individual and specialized therapy through referrals. Follow-up is made via weekly home calls and bimonthly office visits; there is collateral follow-up by schools as needed.
Clientele: Families constitute 90 percent of the client profile and individual parents and children 5 percent each; they come primarily from rural mixed-income areas.
Staffing: Child welfare personnel and volunteers staff the program.
Organization: The agency is under the supervision of the Michigan Department of Social Services; program evaluation is under the direction of the county service supervisor and a state regional director.
Coordination: Private physicians, schools, law enforcement agencies, courts, abuse victims, and other concerned individuals refer cases to the program. Cases are reported by name to a prosecuting attorney, juvenile services, social service authorities, and a state central registry. Information on the families is shared with Community Mental Health, an alcoholic program, and schools. Professional services have been purchased from the County Department of Mental Health and from Big Brothers, Inc.
Funding: Program support comes from state and state-administered federal funds and private sources.

CP-00858
Huron County Dept. of Social Services, Bad Axe, Mich.
102 County Office Bldg.
Bad Axe, MI 48413
Parent Aides for Protective Services.
M. Merkel, and R. Wruble.
May 75.

Services: The program focuses primarily on child abuse and neglect. Parent aides, social work counseling, family counseling, homemaker services, medical care, and assistance in employment, housing, welfare, and family planning are offered to parents directly; health counseling and residential care are available through purchases, and marriage counseling through referrals. For children, foster and day care are offered directly, and specialized therapy and residential care are available through purchases. Follow-up is conducted via personal calls and contacts, reported on a monthly basis.
Clientele: Parents and families from rural, low-income areas are served by the program. In the last fiscal year, about 40 families were served.
Staffing: Child welfare personnel, homemaker specialists, social workers, and volunteer aides comprise the staff.
Organization: The program is conducted by a public agency under the State of Michigan. The program is new; evaluation is under the supervision of a protective service worker who assess the effectiveness of the volunteer parent aides individually and in monthly group meetings.
Coordination: Social service agencies, schools, law enforcement agencies, and relatives and neighbors refer cases to the program. Cases are updated by name to social services.

CP-00852
Family Focus, Brimingham, Mich.
1800 West Maple Rd.
Birmingham, MI 48009
Family Focus.
D. Dise.

Services: The program has initiated the coordination of countywide multidisciplinary efforts in the prevention, treatment, or rehabilitation of abusive families, and has undertaken the communitywide program of education about child abuse. A 24-Hour crisis phone service to help troubled parents and urge them to seek clinical help. Family aides are provided during treatment and rehabilitation. The program refers cases for other services, maintains a Speakers Bureau, and designs workshops to provide education for the community and for parents.
Clientele: The program services families and parents.
Staffing: The program utilizes volunteers.

CP-00841
Children's Aid Society, Inc., Detroit, Mich.
71 W. Warren
Detroit, MI 48201
Protective Services.
D. Stewart.
1893.

Services: The program focuses primarily on child neglect. Social work counseling, family counseling, and individual therapy are offered to parents directly; group therapy, Parents Anonymous, marriage counseling, homemaking services, health counseling, residential and medical care, and assistance in employment, housing, welfare, and family planning are available through referrals. For children, play therapy and foster care are offered directly; day care, therapeutic day care, medical care, specialized therapy, and residential care are available through referral. Follow-up is made by direct contact on a weekly to monthly basis.
Clientele: Families from mixed-income rural, suburban, urban, and inner-city areas are served by the program.
Staffing: Social workers staff the program. Plans for the future include use of paid aides to provide teaching functions, child care, or development of volunteer services.
Organization: The program is conducted by a private, nonprofit organization. Program performance is evaluated by the supervisor and program director and by review by the Board of Directors and the Policy Committee.
Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, courts, abuse victims, and other concerned individuals refer cases to the program. Cases are reported by name to a state central registry maintained by the Department of Social Services.
Funding: The program is supported by voluntary agency funds.

CP-01807
Family and Child Services, Inc., Lansing, Mich.
300 N. Washington
Lansing, MI 48933
Ingham County Child Abuse and Neglect Project.
H. Cooper.
1974.

Services: The main thrust of the program is coordination of agency and community efforts. Direct services include social work counseling, outreach, via parent aide services, Parents Anonymous, and parent education. Plans for the future include continuous improvement in direct services by maintaining multidisciplinary teams, provision of formal training to professionals and volunteers, generation of community involvement, and attraction of new monies to facilitate regional expansion.
Clientele: From November 1974 to July 1975, 45 families were served by the multidisciplinary teams: 20 were involved with the parent aide program; 16 were in Parents Anonymous; and 20 were in the parent education classes.
Staffing: A program coordinator and a case aide staff the program full time. Other staff derived from the community include parent aide volunteers, treatment personnel, an active legislative committee, parenting instructors, and various consultants.
Organization: An interagency child abuse council and the Ingham County Board of Commissioners are the primary sponsors of the program. The council has 60 members.
Coordination: Junior League and Catholic Social Services provide parent aide volunteers; Department of Social Services funds treatment personnel; a Civitan club sponsors legislative activities; and Lansing Community College and Michigan State University provide instruction

and resources. Case referral sources include Protective Services, Family and Child Services, the parent aide program, and hospitals. Other sources are schools, police, physicians, and concerned citizens.
Funding: The program's budget is met by county revenue sharing, the Junior League, Michigan Department of Social Services, the City of Lansing, and Catholic Social Services.

Minnesota

CP-00932
Murray County Child Abuse Team, Slayton, Minn.
70 Region VIII N. Welfare
Slayton, MN 56172
Murray County Child Abuse Team.
G. Mitchell, and B. March.
Sep 71.

Services: The entire scope of this program is the identification, treatment, and follow-up of abused and neglected children and their families. Services offered directly to families are social work counseling and medical care. Families are referred for homemaking assistance, health counseling, welfare assistance, and family planning assistance. No direct services are offered to children, but children are referred for day care, foster care, and residential care. There are personal contacts for follow-up.
Clientele: Individual children make up about 80 percent of the clientele; the other 20 percent are families. Clients are primarily from rural, low-income areas.
Staffing: The program is staffed by volunteers.
Organization: The program is evaluated by the team members themselves.
Coordination: Sources of referrals are medical authorities, government social service agencies, schools, law enforcement agencies, and relatives. Cases are reported by name to a state central registry. Information concerning family background is exchanged with Slayton Public Schools.

CP-00948
Wadena County Dept. of Social Services, Wadena, Minn.
Court House
Wadena, MN 56482
Wadena County Child Protection Team.
R. Moeller.
Sep 75.

Services: The scope of the team's program is to provide expert advice for the treatment of abused and neglected children and their families. Families are referred for social work counseling, couples counseling, family counseling, individual therapy, homemaking assistance, health counseling, employment assistance, housing assistance, welfare assistance, family planning assistance, medical care, residential care, and legal services. Legal aid may also be purchased. Children are referred for day care, therapeutic day care, medical care, individual therapy, specialized therapy, foster care, residential care, and legal aid. For follow-up there is monthly monitoring by a social worker through personal and collateral contacts.
Clientele: The team serves approximately equal numbers of individual children, individual parents, and families. Clients are primarily from rural, mixed-income areas.
Staffing: The all-volunteer team is composed of child welfare personnel, doctors, family counselors, lawyers, nurses, psychiatric social workers, social workers, teachers, clergy, and law enforcement personnel. These staff members are also employed by other agencies.
Organization: The program is evaluated by the Wadenda County Social Service Department which examines individual cases.
Coordination: Sources of referrals are medical authorities, government social service agencies, day care centers, schools, law enforcement agencies, concerned individuals, and self-referrals. Cases are reported by name to legal authorities, juvenile services, social services and health departments. Cases are also reported to a state central registry maintained by the Minnesota Department of Public Welfare. Personnel from the following agencies are members of the team: social workers from the Wadenda County Social Service Department, clergy from the Wadenda churches, a psychiatric social worker from the Northern Pines Mental Health Center, doctors from the County Clinic, a school social worker from the Wadenda County Schools, an Assistant County Attorney from the County Attorney's Office, and the Chief of the Wadenda Police Department.

Missouri

CP-01326
Newton County Div. of Family Services, Neosho, Mo.
216 N. Washington
Neosho, MO 64850
Newton County Social Services.
R. W. Clifton, and N. Parker.
1969.

Services: Part of the program scope is focused on child abuse and neglect. Social work counseling, family counseling, health counseling, employment and housing assistance, welfare assistance, family planning assistance, medical care, and residential care are offered directly by the program. Couples counseling, health counseling, medical care, individual therapy, and homemaking services are available by referral to other programs. Day care, medical care, and foster care are offered directly to children by the program. Specialized therapy and residential care for children are available by referral.
Clientele: Those served are children, parents, and families, mostly from low-income, rural areas.
Staffing: Child welfare personnel, social workers, and supervisors are on the program staff.
Organization: The program is under the supervision of the State Department of Social Services.
Coordination: Medical authorities, schools, law enforcement agencies, courts, concerned individuals, and abuse victims refer cases to the program. Cases are reported by name to juvenile services, social services authorities, and the state central registry.
Funding: The program's income is based primarily on state funds.

CP-01304
Child Concern Center of United Methodist Women, Inc., Poplar Bluff, Mo.
5th and N. Main
Poplar Bluff, MO 63901
Child Advocacy Task Force of United Methodist Women of Sikeston.
W. Brodrick, and G. Needels.
Apr 75.

Services: The primary program scope is focused on child abuse and neglect. Lay therapy, Parents Anonymous, employment and housing assistance, and residential care are offered directly to families by the program. Welfare assistance is available by referral to other programs. Crisis day care in individual homes is offered directly to children by the program. Expansion of services is planned.
Clientele: Those served are primarily families from rural areas.
Staffing: All volunteer nurses, teachers, and social workers, among others, comprise the program staff.
Organization: The program is conducted by a private, nonprofit organization under direct supervision of the United Methodist Women.
Coordination: Private physicians, government social service agencies, the church, parents, and abuse victims refer cases to the program. Case reports are sent to social services authorities and the state central registry. Information is shared with the Division of Family Services.
Funding: Private personal donations provide the program's income.

Nebraska

CP-01352
Family Service of Omaha-Council Bluffs, Nebr.; Junior League of Omaha, Inc., Nebr.
2240 Landon Ct.
Omaha, NE 68102
Parents Assistance Line.
M. K. Hecht, and F. Gaines.
Jul 75.

Services: The program focuses, in part, on child abuse and neglect; the line is a confidential listening service for parents in times of stress in handling their children. Listening and referral services are offered to parents directly; social work counseling, group therapy, couples counseling, family counseling, individual therapy, health counseling, child management classes, welfare assistance, family planning assistance, medical care, Parents Without Partners, church groups, and child protective services are available through referrals. For children, day care and medical care are available by referral.
Clientele: Individual parents represent 99 percent and children 1 percent of the total clientele. Prevention services are provided for clients from urban and inner-city areas.
Staffing: Junior League volunteers, community volunteers, and paid employees maintain the line in shifts from noon to 9 PM daily.
Organization: This is a pilot program of the Junior League. Supervision is provided by the Board of Directors of Family Service of Omaha-Council Bluffs, a United Way Agency. Case records or telephone call report forms are reviewed monthly by an agency liaison social worker consulting with supervisors at Family Service Unit and Child Protective Service; results are used in ongoing supervision.
Coordination: Hospitals, private social service agencies, courts, abuse victims, and neighbors refer cases to the program. Cases are reported by gross numbers to social services authorities and by name to Douglas County Child Protective Services. Child Protective Service assists in the training of volunteers in handling the calls.
Funding: Program support comes entirely from a voluntary agency.

New Hampshire

CP-00046
New Hampshire State Div. of Welfare, Keene. Keene District.
116 Main St.
Keene, NH 03431
Child Abuse Project.
S. M. Holden.

Services: Lay therapy, social work counseling, pediatric care, home economics training, and psychological and psychiatric counseling are provided for families.
Staffing: A social worker is on the project staff. A pediatrician, a psychologist, a psychiatrist, and a teacher volunteer their time. A parent aide has been added.
Organization: The administering agency is a county office of the State Division of Welfare which is part of the State Department of Health and Welfare.
Coordination: The mental health personnel serving the project come from Monadnock Area Mental Health, the pediatrician comes from Keene Clinic, and a professor of home economics comes from Keene State College. Information concerning procedures of this multidisciplinary team is shared with the Task Force on Child Abuse.

CP-00045
New Hampshire Catholic Charities, Rochester.
19 Grant
Rochester, NH 03867
Saint Charles Children's Home.
Mother Fidelis, and R. Kelly.

Services: Children are serviced by the home for a variety of reasons, including child abuse and neglect. Social work counseling, family counseling, and individual therapy are offered to the parents of children in the home. The children are provided with residential care which also includes play therapy, individual therapy, tutoring, and recreational facilities. Follow-up is maintained through direct client contact and checking with referral agencies.
Clientele: Clients are mostly from low-income, urban and rural areas.
Staffing: Besides regular child care staff, the program has nutritionists, program evaluators, psychiatric social workers, and volunteer Big Brothers and Sisters for the recreational program.
Organization: The home is operated on a private, nonprofit basis. The program is evaluated by Catholic Social Services.
Coordination: Children are usually referred to the home by social service agencies including the Division of Welfare. Community services and schools and the Division of Welfare share information with the home.
Funding: Funds are provided through Catholic Charities appeal, private fees, and state, county, city, and state-administered federal financing.

New Jersey

CP-00068
Citizens Committee for Children of New Jersey, Montclair.
251 Park St.
Montclair, NJ 07043
Citizens Committee for Children of New Jersey.
S. Y. Orr, and L. J. Wood.
May 72.

Services: As a part of its child advocacy focus, program disseminates information about child abuse and neglect through slide presentations to hospital personnel, educational personnel, professional groups, and protective service workers.
Staffing: The staff comprises social workers and volunteers.
Organization: This is a private, nonprofit organization.
Coordination: The committee reports cases to the central registry operated by the New Jersey Division of Youth and Family Services, or refers people to the appropriate agency for reporting.
Funding: Monetary support for the committee came from private foundations or personal donations in the last fiscal year.

New Mexico

CP-01134
Parents Anonymous, N. Mex. Las Cruces Chapter.
1803 Debra
Las Cruces, NM 88001
Parents Anonymous.
M. Zartman, and B. Carter.
Jul 75.

Services: Prevention and remediation of child abuse or neglect are the main functions of the program. Group, self-help therapy, and a hot line are services directly rendered to parents. Emergency babysitting is available by request and during Parents Anonymous meetings. Social work counseling, child management classes, and employment, housing, and welfare assistance are available by referral. Follow-up will be performed utilizing the Parents Anonymous Buddy System in which parents maintain supportive contact with one another. Public awareness is another emphasis of the program.
Clientele: Parents in groups are the primary clientele.
Staffing: This is a volunteer program. Child welfare personnel, medical personnel, family counselors, mental health personnel, lawyers, social workers, lay therapists and teachers in the community all serve as consultants to the program.
Organization: The program is a chapter of the national Parents Anonymous organization in Redondo, California.
Coordination: The Las Cruces Junior Woman's Club provides support personnel for the program. Parents are primarily referred by themselves. Other referral sources include private physicians, schools, police, relatives, and neighbors.
Funding: Program support comes from the Las Cruces Junior Woman's Club.

New York

CP-00097
Bronx County Society for the Prevention of Cruelty to Children, Inc., N.Y.
370 East 149th St.
Bronx, NY 10455
Prevention of Cruelty to Children.
A. M. Roberts.
May 15.

Services: The program's primary function is dealing with child abuse and neglect. Social work, family and couples counseling, lay therapy, and welfare assistance for parents and families are rendered directly. Other specific needs of children and families are met by referral to other programs. Follow-up is provided through a variety of techniques.
Clientele: In the last fiscal year, 732 cases were reported and 662 families were identified as involved with child abuse or neglect. The total number of children involved was 1,083; 98 received preventive service and 120 were followed up by the program. Most of the families came from the inner city and were of varied income levels.
Staffing: The program operates with a full-time child welfare worker, and 7 volunteer workers.
Organization: The program is evaluated through its Board of Directors.
Coordination: Cases are brought to the attention of the society by medical personnel, private social service agencies, schools, police, courts, parents, relatives and neighbors. Cases are reported by name to police, court, juvenile and health authorities and the New York Bureau of Child Welfare. General information is shared with the American Humane Association.
Funding: All financial support was obtained through personal donations in the last fiscal year.

CP-00184
Sisters of the Good Shepherd Residences, Brooklyn, N.Y.
441 Fourth Ave.
Brooklyn, NY 11215
Family Reception Center.
M. P. Janchill, and Sister Mary Geraldine.
Oct 72.

Services: A part of the program concerns identification, prevention, treatment and follow-up of child abuse and neglect. Direct services include residential care, educational advocacy, teen and parent social activities, welfare services, individual and group therapy, family counseling, and foster care. Some of these services and others, such as health counseling child management training, public assistance, medical care, family planning, day care, and specialized therapy for children are also provided by referrals to other programs.
Clientele: Children, parents, and families served by the center are mostly from inner-city, low- and middle-income areas.
Staffing: There is no separate staff for child abuse cases. Program personnel include child welfare workers, family counselors, family life educators, psychiatric social workers, psychologists, social workers, youth counselors, and volunteers.
Organization: The center is a private, nonprofit organization supervised by the New York State Board of Social Welfare. The program's first 2 years were evaluated by the Child Welfare League of America.
Coordination: Only child abuse cases are reported to social welfare authorities. Clients are referred by police, courts, schools, social service agencies, medical personnel, and concerned individuals. Staff are shared with Children and Youth Development Services, an affiliated neighborhood program.
Funding: Approximately 75 percent of the program's financing was directly from federal sources and 25 percent was from federal-state-city revenue. The Chemical Bank and the Morgan Guaranty Trust Company each contributed funds for building renovation of the youth activity center.

CP-00188
Parents Anonymous of New York, Inc., N.Y.
250 W. 57th St.
New York, NY 10019
Parents Anonymous of New York.
G. M. Bacon.
Dec 71.

Services: Parents Anonymous of New York, Inc., is an independent nonagency affiliated, self-help program for parents. It offers emotional support and rehabilitation to parents to prevent and combat child abuse and neglect. All services are free of charge.
Clientele: Parents involved in the program come from various socioeconomic backgrounds.
Staffing: The parents who make up the staff serve in the capacity of a lay therapist.
Organization: The program is operated by an autonomous, nonprofit corporation.
Coordination: Unlike other Parents Anonymous programs, this program is not agency-affiliated. Professionals are not allowed to sponsor meetings and funds are not accepted from any governmental agency. Clients are directed to the program by medical personnel, social service agencies, schools, police, courts, parents, relatives, neighbors, friends, and by themselves. Information about the service is shared with mental health groups hospitals, religious groups and schools, but membership and case records are confidential.
Funding: The program is completely self-supportive through private contributions and speaking engagement honorariums.

CP-00121
Dutchess County Dept. of Social Services, Poughkeepsie, N.Y.
22 Market St.
Poughkeepsie, NY 12601
Child Protective Service.
W. J. Eagen, Jr., and E. M. Andrews.
Sep 73.

Services: Most of the program's scope encompasses child abuse and neglect. Services in the areas of identification and follow-up are available. Social work counseling, lay therapy, homemaking services, and welfare services are offered to parents directly, with a wide range of human, social, health, and welfare services available through purchase or referrals. Foster care and at home supervision are furnished directly to children, with day care, therapeutic day care, medical care, play therapy, specialized therapy, and residential care through purchases or referrals. Follow-up is maintained through weekly to monthly caseworker visits, biannual conferences with direct service caseworkers, and biannual phone and letter contact with referral agencies. The initiation of an emergency caretaker program for neglected children is anticipated.
Clientele: Program services focus on families. During the last fiscal year, approximately 800 children and 400 families were identified as involved in abuse or neglect cases. Clients are drawn from low-income, rural, suburban, and urban areas.
Staffing: The staff comprises child welfare personnel, homemaker specialists, lawyers, and volunteers.
Organization: The administering organization is governed by the New York State Department of Social Services. The program is evaluated through case reports submitted on a regular basis to the Department of Social Services of New York State.
Coordination: Medical and legal authorities, social service agencies; schools, concerned individuals, and victims are the major referral sources. Cases are reported by name to a central registry maintained by the New York State Department of Social Services. Relevant information is shared with the Dutchess County Diagnostic Advisory Committee on Child Abuse, Dutchess County Mental Health Clinic, Astor Child Guidance Clinic, and with other local referral agencies. Day services are purchased from the Poughkeepsie Family Development Center and the Community Day Care Center of Poughkeepsie. Homemaker services are purchased from the Upjohn Home Health Aides. Homemakers and lawyers are shared with the Dutchess County Social Services Department.
Funding: The county provides most of the program's income. Medicaid pays for some services provided to eligible families.

CP-00190
Task Force for Child Protection, Poughkeepsie, N.Y.
28 Market St.
Poughkeepsie, NY 12601
Task Force for Child Protection.
R. O. Humphrey.
Oct 73.

Services: Most of the program's scope encompasses child abuse and neglect. Services in the areas of identification and prevention are available. The program coordinates the efforts of various county organizations and agencies in the area of child abuse and neglect, and identifies gaps in services. The program also provides information on child abuse and neglect to interested citizens and organizations. An expansion of education efforts to the local school system is anticipated.
Clientele: Children, parents, and families are served indirectly by the program. The community is the major recipient of services since the program primarily provides coordination and educational services.
Staffing: The staff is comprised solely of administrative personnel. Two consultants from the National Center for Comprehensive Emergency Services have been recently hired, and an expansion of full-time staff is anticipated. The Task Force has approximately 50 volunteer members, including professionals and nonprofessionals, who provide services to the committee and the community.
Organization: The program functions as an independent, volunteer citizens' committee cosponsored by the Dutchess County Social Workers Club, the Dutchess County Child Development Committee, the County Youth Board, and the Hudson Valley Chapter of the National Association of of Social Workers. The program is evaluated by cosponsors and by the Supervisor of the Child Protective Service Unit, Department of Social Services.
Coordination: A public health nurse, audiovisual specialist, and administrative assistant are shared with the Dutchess County Health Department; a research specialist is shared with the Family Counseling Service of Dutchess County; a program analyst and computer specialist are shared with the I.B.M. Corporation; and financial development workers are shared with Marist College.
Funding: Most of the program is financed through private donations.

CP-00120
Dutchess County Dept. of Social Services, Poughkeepsie, N.Y. Child Protective Services.
20 Maple St.
Poughkeepsie, NY 12601
Parent Volunteers.
L. C. Sullivan.
1975.

Services: Part of the program's scope encompasses child abuse and neglect. Services in the areas of prevention and treatment are available. Parent aide services are offered directly to parents.
Clientele: The program services focus on individual parents. Clients are drawn from rural, urban, and inner-city areas.
Staffing: The program utilizes volunteer parent aides extensively.
Organization: The program is conducted on a private, nonprofit basis, emphasizing mental health functions.
Coordination: The program is affiliated with ACTION, the federal volunteer agency. Private social service agencies are the major referral source.
Funding: Direct federal and private funds account for 70 and 30 percent of the program's income, respectively.

CP-00182
Catholic Diocese of Rockville Centre, N.Y. Catholic Charities.
50 N. Park Ave.
Rockville Centre, NY 11572
Big Brothers of Long Island.
F. Fernandes.
1962.

Services: Part of the program's scope covers child abuse and neglect. Prevention services are emphasized. Social work counseling, parent aide, group therapy, couples counseling, family counseling, individual therapy, child management classes, residential care, medical care, family planning assistance, and welfare services are offered directly to parents, with health counseling furnished through referrals. Children receive therapeutic day care, medical care, individual therapy, parenting, foster care, and residential care directly from the program. Follow-up is maintained via quarterly staff conferences and twice yearly contacts with school guidance personnel.
Clientele: During the last fiscal year, prevention services were provided to approximately 615 individual children. Clients are drawn primarily from suburban areas.
Staffing: Child welfare personnel, family counselors, psychiatric social workers, psychologists, social workers, and teachers comprise the program staff.
Organization: The program is conducted on a private, nonprofit basis, emphasizing mental health and child welfare functions. Evaluation of the program is maintained through feedback from local Youth Boards. The creation of a Big Sister component to the program is anticipated.
Coordination: Private physicians, social service agencies, schools, courts, parents, clergy, and victims are the major referral sources. Planning conferences are conducted with school and court personnel. Social workers and an alcohol counselor are shared with the Family Life Education Program.
Funding: The program's primary source of finances is the private sector.

North Carolina

CP-00582
Bureau of Indian Affairs (Dept. of Interior), Cherokee, N.C. Cherokee Indian Agency.
Cherokee, NC 28719
Cherokee Action for Foster Children Committee.
L. Crowe, and E. Thomasson.
May 73.

Services: Part of the program deals with child abuse and neglect. Educational services are provided for families. Day care, medical care, individual therapy, and foster care services are offered to children through referrals. Caseworkers contact clients on a monthly basis to maintain follow-up. The program also produces films for the public.
Clientele: Program services focus on families. Clients are drawn from mixed-income, rural areas. The program also serves other public agencies and other communities.
Staffing: Community volunteers are utilized.
Organization: The program is supervised by the National Action for Foster Children organization. The program is evaluated by reports submitted to and conferences with the Bureau of Indian Affairs and with the Swain and Jackson County Social Service.
Coordination: Neighbors are the major referral source. Cases are reported by name to the legal authorities and health department. Statistical information is shared with the community. The Cherokee Indian Agency is provided with transportation, stenographic work, and a social work consultant by the program.
Funding: The program's income is derived primarily from volunteer fund raising efforts.

Ohio

CP-01005
Stark County Dept. of Welfare, Canton, Ohio. Div. of Social Services.
209 W. Tuscarawas St.
Canton, OH 44702
Child Protective Services.
L. Burd, and C. E. Calhoun.
Jun 69.

Services: The program scope is primarily focused on child abuse and neglect. Social work counseling, lay therapy, marriage and family counseling, individual therapy, health counseling, employment, housing, and welfare assistance, and family planning are offered to parents directly; individual therapy, homemaking services, and medical and residential care are available by purchase; and group therapy, Parents Anonymous, marriage and family counseling, health counseling, child management classes, and family planning assistance are available by referral. For children, foster and residential care are offered directly; day care, therapeutic day care, medical care, specialized therapy, and residential care are available by purchase; and play, individual and specialized therapy are available by referral. Follow-up is made by worker or volunteer visits to the home 2-3 months after the case is closed, with an average contact of twice each month.
Clientele: In the last fiscal year, 1,011 families were served by the program; they came from various locales and mixed-income levels.
Staffing: Child welfare personnel comprise the staff. Future plans include inclusion of an expanded team approach.
Organization: The program is under the supervision of the Ohio Department of Public Welfare.
Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, courts, prospective clients, and other concerned individuals refer cases to the program. Cases are reported to the state central registry maintained by the Ohio Department of Welfare. Protective day care is purchased from a child development center and homemaker service is purchased from a family counseling center.
Funding: Monetary support comes from state, state-administered federal, and county funds.

CP-00956
Big Brothers Association of Cincinnati, Ohio.
1580 Summit Rd.
Cincinnati, OH 45237
Big Brothers - Big Sisters.
S. B. Goldstein.
Jul 03.

Services: Part of the program focus is on child abuse and neglect. Social work counseling and family counseling are offered to parents directly; substitute family relationships are offered to children directly. Follow-up is by monthly phone calls with volunteer brothers and sisters and by parent contacts as needed.
Clientele: In the last fiscal year, identification and treatment services were provided for 100 children and treatment services for 38 individual parents. Those served by the program come primarily from suburban and urban areas.
Staffing: The program is staffed by social workers and volunteers.
Organization: The association is a private, nonprofit organization, a branch of Big Brothers of America. Program performance is evaluated by staff contact with volunteers, parents, and referring agency where appropriate, by in-house evaluation, and by evaluation conducted by the national organization.
Coordination: Private social service agencies, schools, and parents refer cases to the program.
Funding: In the last fiscal year, monetary support came from voluntary agency and personal donations.

CP-00953
Allen County Children Services Board, Lima, Ohio.
100 Wardhill Ave.
Lima, OH 45802
Allen County Children Services.
B. D. Smith, and J. J. Warner.
Sep 72.

Services: Most of the program scope is focused on child abuse and neglect. Social work counseling, marriage and family counseling, individual therapy, homemaking services, child management classes, residential care, and other assistance (housing, family planning, and welfare) are offered to parents directly and medical and residential care are available through purchases; most of these services, and group therapy as well, are also available through referrals. For children, foster and residential care are offered directly and through purchases and referrals; medical care is available through purchases and referrals; and day care, therapeutic day care, play therapy, and individual and specialized therapy are available through referrals. Monthly follow-up is by house calls, letters, telephone calls, written reports, conferences, and staffings. Program additions contemplated for the future include volunteer services, foster care recruitment services, and a community child abuse team.
Clientele: In the last fiscal year, identification services were provided for 977 individual children and 456 families, and treatment services were provided for 438 children and 216 families; these came primarily from rural and inner-city, low-income areas.
Staffing: Child welfare personnel staff the program.
Organization: Program performance of this county agency is evaluated by a protective services supervisor and an executive secretary, as well as by the Allen County Welfare Department.
Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, courts, abuse victims, and other concerned individuals refer cases to the program. Cases are reported by name or code to the police and judiciary, and to hospitals, juvenile services, social and welfare services, health departments, and the state central registry maintained by the Ohio Department of Welfare.
Funding: In the last fiscal year, support came from state (approximately 10 percent), state-administered federal (50 percent), and county (40 percent) sources.

CP-00952
Adrial School, West Liberty, Ohio.
P.O. Box 188
West Liberty, OH 43357
Residential School and Treatment Center for the Emotionally Disturbed Slow Learner.
C. Newcomer.
Sep 75.

Services: A part of the scope of the program is child abuse and neglect. Social work counseling and family counseling are offered to parents directly and also through referrals. Individual therapy and residential care are offered to children directly; individual therapy may also be purchased from another program; specialized therapy is available through referrals. Follow-up is by written questionnaire every 3 years. Psychological consultation is also purchased.
Clientele: In the last fiscal year, 44 individual children were treated and there was followup on 3 of these. Clients are from various locales and have mixed-income levels.
Staffing: Social workers, teachers, and a psychologist comprise the staff.
Organization: The organization is under the supervision of the Mennonite Board of Missions. Its program is evaluated by volunteer staff within the agency, by the Ohio Department of Education (Division of Special Education), and by a team of specialists in the field of the emotionally and mentally retarded.
Coordination: Hospitals, social service agencies, schools, law enforcement agencies, courts, parents, and other relatives refer cases to the program. Cases are reported by name to a state central registry maintained by the Ohio Department of Mental Health and Mental Retardation. During the last fiscal year, the program paid the Champaign-Logan guidance Clinic for counseling and consultant services.
Funding: Monetary support is received from private sources that include a voluntary agency, a foundation, personal donations, and client fees.

Oklahoma

CP-01140
Comanche County Improvement Foundation, Inc., Lawton, Okla, Lawton Jaycees Chapter, Okla.
612 C St.
Lawton, OK 73501
Community Action--Lawton Jaycee Partnership Project.
F. Brown, and M. Noury.
Mar 75.

Services: Most of the program deals with child abuse and neglect. The major purpose of the program is to stimulate public awareness of child abuse and neglect. A volunteer lay therapist program is being initiated.
Clientele: Individual parents are served. Clients are from urban areas.
Staffing: A program planner is utilized, and lay therapists will be solicited as soon as the Lay Therapist Project gets under way.
Organization: The program is directly supervised by the Improvement Foundation's Board of Directors and the Child Abuse Council of Comanche County, Inc.
Coordination: Government social service agencies are the major referral source. Cases are reported by name to the social services. Case study materials are also shared with the Oklahoma Department of Institutions, Social, and Rehabilitative Services, the police department, the juvenile bureau, and mental health services.
Funding: In the last fiscal year, state and state-administered federal funds accounted for 6 percent and 94 percent of the program's finances, respectively.

Oregon

CP-01674
Volunteers of America, Oregon, Inc., Portland.
538 S.E. Ash St.
Portland, OR 97214
Family Center.
V. J. Burnie, and J. Jarrard.
1927.

Services: Part of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, homemaking services, health counseling, child management classes, medical care, and residential care services are offered directly to parents, some of these along with Parents Anonymous, family planning assistance, and welfare services are also obtainable through referrals. Children receive day care and medical care directly; medical care individual therapy, specialized therapy, foster care, and residential care services are furnished through referrals. A new residential care facility has been added.
Clientele: Individual parents and families account for 10 and 90 percent of the clientele, respectively. Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.
Staffing: The program staff consists of nurses, pediatricians, psychologists, social workers, social work aides, and residential support personnel.
Organization: The administering organization is governed by the national office of the Volunteers of America. On-site inspections of program services are performed by regional and national officers of the governing organization.
Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and victims are the major referral sources. Cases are reported by name to the juvenile and social services. Social summaries are shared with the Children's Service Division and social information is shared with referral sources.
Funding: In the last fiscal year, direct federal, state, and private funds accounted for 1, 24, and 75 percent of the program's income, respectively.

CP-01672
Volunteers of America, Oregon, Inc., Portland.
538 S.E. Ash St.
Portland, OR 97214
Family Day Care Services.
V. J. Burnie, and R. Rowe.
Mar 52.

Services: A part of the program scope focuses on child abuse and neglect. Identification and prevention services are available. Social work counseling, homemaking services, and child management classes are offered directly to parents. With Parents Anonymous, medical care, family planning assistance, and welfare assistance services obtainable through referrals. Children receive day care services directly.
Clientele: Services to families are emphasized. Clients are drawn from mixed-income, suburban and urban areas. A reduction in the number of clients is anticipated due to lack of funds.
Staffing: The program staff consists of social workers.
Organization: The administering organization is governed by the national headquarters of Volunteers of America in New York. Program evaluation is maintained through on-site inspections performed by regional and national officers of Volunteers of America.
Coordination: Social service agencies, schools, law enforcement agencies, concerned individuals, and prospective clients are the major referral sources. Cases are reported by name to social service authorities.
Funding: In the last fiscal year, state-administered federal and private funds accounted for 52 and 48 percent of the program income, respectively.

CP-01671
Volunteers of America, Oregon, Inc., Portland.
538 S.E. Ash St.
Portland, OR 97214
Shelter Care Program.
W. J. Burnie, and R. Rowe.
Feb 74.

Services: Part of the program scope encompasses child abuse and neglect. Prevention services are stressed. Children receive medical care, individual therapy, and residential care services directly, or through referrals.
Clientele: Services to individual children are emphasized. Clients are drawn from mixed-income, suburban, urban, and inner-city areas.
Staffing: The program staff consists of social workers and residential facility support personnel.
Organization: The administering organization is governed by the national office of the Volunteers of America in New York. On-site program evaluations are performed by regional and national officers of the administering organization.
Coordination: Courts are the major referral source. Cases are reported by name to the juvenile and social services. Residential facility support personnel are shared with the Shelter Evaluation Program, the Family Center, and Ballington Home.
Funding: In the last fiscal year, the bulk of the program income came from county funds.

CP-01673
Volunteers of America, Oregon, Inc., Portland.
538 S.E. Ash St.
Portland, OR 97214
Shelter Evaluation Program.
V. J. Burnie, and D. Pedersen.
Jul 74.

Services: Part of the program deals with child abuse and neglect. The main concern of the program is an evaluation of the shelter care program. Prevention services are stressed and children receive individual therapy and residential care services directly, with medical care, individual therapy, and residential care services obtainable through referrals.
Clientele: Services to individual children are emphasized. Clients are drawn from mixed-income, suburban, urban, and inner-city areas.
Staffing: The program staff consists of social workers and residential facility support personnel.
Organization: The administering organization is governed by the national office of the Volunteers of America. The program evaluation is maintained through on-site inspections of program services by regional and national officers of the governing organization.
Coordination: Government social service agencies are the major referral source. Cases are reported by name to the juvenile and social services. Background and current status information is shared with the public or alternative schools. Residential facility support personnel are shared with the Mothers and Children Program, the Ballington Program, and the Shelter Care Program.
Funding: In the last fiscal year, most of the program income comprised state funds.

Pennsylvania

CP-00311
Susquehanna County Dept. of Welfare Services, Montrose, Pa.
Legion Hall
Montrose, PA 18801
Susquehanna County Child Welfare Services.
B. J. Davies.
1939.

Services: Part of the program deals with child abuse and neglect. Social work counseling, family counseling, homemaking services, housing assistance, and medical care services are offered directly to parents by the program. Family planning assistance and residential care are available through referrals. Medical care and foster care are provided directly to children, while residential care is available by purchase, and day care and individual therapy are available through referrals.
Clientele: Individual children comprise 43 percent of the total clientele, families the other 57 percent. Clients are drawn from rural areas.
Staffing: The program employs child welfare personnel.
Organization: Susquehanna County Commissioners administer this public agency. An annual inspection and evaluation of records is conducted by the Pennsylvania State Department of Public Welfare.
Coordination: Medical and legal authorities, schools, concerned citizens, and victims are major referral sources. Cases of abuse are reported by name to the legal authorities and to a central registry maintained by the Pennsylvania Department of Public Welfare.
Funding: State funds, county funds, and fees

accounted for 55 percent, 40 percent, and 5 percent of the program's income, respectively, in the last fiscal year.

CP-00315
United Mental Health, Inc., Pittsburgh, Pa.
4026 Jenkins Arcade
Pittsburgh, PA 15211
United Mental Health's Speaker's Bureau on Child Abuse.
B. Bialick, and S. Brownlee.
Nov 74.

Services: The program's primary concern is child abuse and neglect. This information service provides speakers from legal, medical, and social fields who disseminate information concerning the prevalence and problems of child abuse. The program is designed to educate the public and prevent cases of abuse and neglect.
Clientele: Although speakers are provided for many organizations, they most frequently speak with groups of parents.
Staffing: The staff includes a program evaluator, social workers, and a counselor. The remaining staff are professionals in medical, legal, and social fields who volunteer their time.
Organization: The program is supervised by the Pennsylvania Department of Mental Health and the National Association of Mental Health. Program speakers are evaluated by their audiences.
Coordination: The program works with Parents Anonymous and Suspected Child Abuse and Neglect, Inc. in sharing information and designing workshops and training programs. Hospitals, government social service agencies, and schools often ask for speakers.
Funding: Program funds are supplied by personal donations.

Texas

CP-01216
Texas State Dept. of Welfare, Belton.
P.O. Box 508
Belton, TX 76513
Child Protective Services.
K. Cauthern, and K. McGilray.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, homemaking services, welfare assistance, family planning assistance, medical care, and transportation services are offered directly to parents, with some of these services and health counseling, child management classes, residential care, and welfare services purchased from other programs or obtainable through referrals. Children receive medical care, play therapy, individual therapy, foster care, and transportation services directly, with some of these services and day care, therapeutic day care, individual therapy, and residential care services purchased from other programs or obtainable through referrals. Follow-up is maintained through bimonthly caseworker contacts and through contacts with referral agencies as needed. Since the program's initiation, more specialized services, including an adoption program to unwed mothers, have been offered to clients in a larger geographical area. The addition of a volunteer service program and classes for abusive families to direct services is anticipated.

Clientele: Individual children, children in groups, individual parents, parents in groups, and families account for 10, 5, 20, 20, and 45 percent of the clientele, respectively. Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.
Staffing: The program staff consists of child welfare personnel and homemaker specialists.
Organization: The administering organization is governed by the Texas Welfare Board. The program is evaluated through audits and program reviews conducted by local child welfare boards and by the Child Protective Council of Fort Hood.
Coordination: Medical and legal authorities, government social service agencies, schools, concerned individuals, military agencies, and victims are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, health departments, Army CID, and to a central registry maintained by the Texas Department of Public Welfare. Cases are reported by gross numbers to the child welfare boards. Case information is shared with the Department of Mental Health-Mental Retardation, and statistical information is shared with Project CAN-DO. Child welfare personnel are shared with CAN-DO.
Funding: In the last fiscal year, state, state-administered federal, and county funds accounted for 40, 55, and 5 percent of the program's income, respectively.

CP-01238
Mental Health Education and Resource Center, Ft. Worth, Tex.
804 W. 7th St.
Ft. Worth, TX 76102
Child Abuse and Neglect -- Education and Prevention.
B. W. Cpon.
Jan 71.

Services: A part of the program is concerned with child abuse and neglect. Services in the areas of identification and prevention are available. The program maintains a Mental Health Education Resource Center which includes child abuse materials. The program assists in the development of effective legislation, serves an advocacy role for children and parents, and provides educational services. Parents Anonymous and child management classes are available to parents.
Clientele: During the last fiscal year, identification services were provided to 2,800 children in groups, 800 parents in groups, and 200 families. Clients are drawn from mixed-income suburban, urban, and inner-city areas.
Staffing: The program staff consists of teachers. The use of lay volunteers to do educational programming is anticipated.
Organization: The program is a United Way Agency conducted by the Mental Health Association of Tarrant County.
Coordination: Private physicians, government social service agencies, schools, law enforcement agencies, and neighbors are the major referral sources. Educational materials are shared with the schools, the Parenting Guidance Center, and with Parent Teacher Associations.
Funding: During the last fiscal year, most of the program finances arose from voluntary agencies, foundations, and personal donations. A proportion of this income came from United Way of Metropolitan Tarrant County.

CP-01181
Family Service of Galveston, Tex.
509 Texas Bldg.
Galveston, TX 77550
Parent Group.
D. H. Heck.
Jan 75.

Services: The program focuses on child abuse and neglect. Social work counseling, group therapy, family counseling, individual therapy, and child management classes are offered directly to families.
Clientele: Clients are approximately 30 percent individual parents, 45 percent parents in groups, and 25 percent families. They are primarily from urban, mixed-income areas.
Staffing: The staff is made up of family counselors and psychiatric social workers.
Organization: The organization is supervised by a Board of Directors. Evaluation is provided by routine supervisory contact and program operation review by Board volunteers.
Coordination: Sources of referrals are hospitals, social service agencies, schools, and clients. Cases are reported to the central registry maintained by the Texas State Department of Public Welfare. Case management planning information is shared with the Child and Family Protection Committee of the University of Texas at Galveston.
Funding: In the last fiscal year, the program was supported entirely by a private foundation.

CP-01187
Houston Travelers Aid Society, Tex.
5501 Austin
Houston, TX 77004
Houston Travelers Aid.
A. L. McCay.
1925.

Services: Part of the scope of this program is concerned with child abuse and neglect. Services offered directly to families include social work counseling, couples counseling, family counseling, and individual therapy. Homemaking assistance, housing assistance, and residential care are purchased for families, and they are referred for employment assistance, welfare assistance, family planning assistance, and medical care. Children are directly offered individual therapy and foster care. Residential care for children is purchased, and they are referred for day care, therapeutic day care, medical care, play therapy, and specialized therapy.
Clientele: Individual children, children in groups, individual parents, parents in groups, and families from various locales and mixed income levels are served.
Staffing: The program is staffed by 10 social workers and 100 volunteers, and a psychiatrist is employed as a consultant.
Organization: The program is supervised by a Board of Directors. There is some internal evaluation and an outside audit by the United Fund of Houston and Harris Counties.
Coordination: Sources of referrals are medical and legal authorities, social service agencies, schools, parents, other concerned individuals, and clients. Cases are reported by name to social welfare services. Numbers and names of minors served in foster homes are reported to the State Department of Public Welfare, Licensing Division.
Funding: In the last fiscal year, the program was supported with voluntary agency funds.

CP-01842
Texas State Dept. of Public Welfare, Houston, Tex.
4040 Milam Ste. 301
Houston, TX 77006
Harris County Child Welfare Unit.
G. Lege, and G. Booker.
Jan 68.

Services: Most of the program scope focuses on child abuse and neglect. Services in the areas of identification, treatment, and follow-up are available. Social work counseling, lay therapy, group therapy, couples counseling, family counseling, individual therapy, homemaking, health counseling, and medical care services are offered directly to parents, with social work counseling, group therapy, Parents Anonymous, couples counseling, family counseling, individual therapy, homemaking, health counseling, child management classes, welfare services, family planning assistance, medical care, and residential care obtainable through referrals. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, and medical care services are purchased for parents from other programs. Children receive medical care, play therapy, individual therapy, foster care, residential care, and adoption services directly. Some of these, along with day care and specialized therapy, are furnished through referrals. Specialized therapy and many of the services offered directly are also purchased for children from other programs. Follow-up is maintained through monthly caseworker visits. It is anticipated that medical and homemaking services will be augmented.

Clientele: Individual children and families are served. During the last fiscal year, treatment and follow-up services were provided to 883 individual children and to 5,000 families. In the same period, identification services were provided to 11,056 families. Clients are drawn from mixed-income suburban, urban, and inner-city areas.

Staffing: The program staff consists of child welfare personnel, family counselors, homemaker specialists, nurses, pediatricians, social workers, training specialists, and community relations workers. The addition of a lawyer and a volunteer program are anticipated.

Organization: Casework standards are reviewed on a case by case basis, and cases are reviewed every 6 months by the program directors.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and victims are the major referral sources. Cases are reported by name to a central registry maintained by the Texas Department of Public Welfare. Relevant information is shared with the District Attorney. Psychological services are purchased from Comprehensive Services for Education.

Funding: During the last fiscal year, state, state-administered federal, and county funds accounted for approximately 20, 50, and 30 percent of the program finances, respectively.

CP-81188
Jewish Family Service, Houston, Tex.
4131 S. Braeswood Blvd.
Houston, TX 77025
Jewish Family Service.
R. H. Fred.

Services: Part of the scope of the program is concerned with child abuse and neglect. Services offered to families include social work counseling, group therapy, couples counseling, family counseling, and individual therapy.

Clientele: Clients are primarily from middle- and upper-income levels.

Staffing: The staff is comprised of family counselors, psychiatric social workers, social workers, and trained volunteers.

Organization: The program is conducted by a private, nonprofit organization.

Coordination: Staff members are shared with the Harris County Child Welfare Unit.

CP-81185
National Council of Jewish Women, Richardson, Tex.
600 Arapaho Central Park
Richardson, TX 75080
Family Outreach Center of Richardson-Plano.

Services: The program offers assistance to parents and children who are experiencing family-related problems with the goal of preventive counseling in mind. The program has broadened from a child protection to a wider focus on families. In this capacity information, referral, and one-to-one counseling services are offered over the telephone and in person. The program also provides speakers in an attempt to inform the public of the problem. Counseling services are aimed at prevention by providing substitute parenting for potential abusers. Assistance is also furnished to the county in helping to find foster and adoptive homes through publicity campaigns. The Service also provides an extensive training program for the volunteers.

Clientele: The program has served 84 families including 189 children and has held 90 speaking engagements reaching over 3,000 individuals.

Staffing: The program employs two full-time caseworkers and volunteers trained as para-professionals.

Organization: Currently the program had 4 centers in Texas located in Beaumont, Houston, Irving-Grand Prairie, and Richardson-Plano. Several others are planned. Some of these are operated entirely on a private basis and others in conjunction with local child welfare agencies.

Coordination: More than 150 cases have been referred for services by the Child Welfare Intake office. Approximately 39 percent of the cases are self-referrals. The original unit was developed under the aspices of the Dallas County Child Welfare Unit.

CP-81186
National Council of Jewish Women, San Antonio, Tex., Texas Dept. of Welfare, San Antonio Child Protective Services.
517 Gladiola
San Antonio, TX 78213
Family Outreach.
K. Matson, and L. Harris.
Jan 78.

Services: The program focuses on child abuse and neglect. Social work counseling, lay therapy, family counseling, and couples counseling are offered directly to families. They are referred for group therapy, Parents Anonymous, individual therapy, and child management classes. Children are referred for day care, therapeutic day care, medical care, play therapy, individual therapy, specialized therapy, and foster care.

Clientele: Clients are primarily individual parents and families from suburban and urban, mixed-income areas.

Staffing: The staff is comprised of volunteer lay therapists, social workers, and training specialists.

Organization: The program is evaluated by the Ecumenical Center for Religion and Health and by an Advisory Board.

Coordination: Sources of referrals include private physicians, social service agencies, schools, parents, and clients. Cases are reported by name to the central registry maintained by the Texas Department of Welfare, Child Protective Services. A social worker is shared with the Child Protective Services.

Funding: In the last fiscal year, the program was funded entirely by private donations from a voluntary agency.

CP-81223
Wilbarger County Dept. of Public Welfare, Vernon, Tex.
Courthouse
Vernon, TX 76384
Protective Services to Children.
J. E. Perryman, Jr.
Sep 68.

Services: The program scope focuses primarily on child abuse and neglect. Social work counseling, couples counseling, family counseling, and family planning assistance services are offered directly to parents. Some of these services and individual therapy, homemaking services, health counseling, child management classes, residential care, medical care, family planning assistance, and welfare services are obtainable through referrals. Children receive foster care services directly, with day care, medical care, individual therapy, specialized therapy, and foster care services furnished through referrals. Follow-up is maintained through home visits, phone calls, correspondence, and office visits conducted on a weekly to annual basis.

Clientele: Individual children, individual parents, and families are served. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 1000 individual children, 600 parents, and 400 families. Clients are drawn from mixed-income, rural areas.

Staffing: The program staff consists of child welfare personnel.

Organization: The administering organization is governed by the Texas Department of Public Welfare Board.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and prospective clients are the major referral sources. Cases are reported by name to welfare authorities and to a state central registry. Pertinent information is shared with the Comprehensive Employment Training Agency, volunteer services, and the Texas Rehabilitation Commission.

Virginia

CP-80323
Al-Anon Family Groups, Arlington, Va.
2100 N. 14th St.
Arlington, VA 22201
Al-Anon Family Groups.
A. H. Barry.
1948.

Services: Part of this program is directed toward the prevention and treatment of child abuse and neglect. Group therapy for parents is provided directly by the program, and children are referred to Alateen for Children of Alcoholics.

Clientele: Parents served by the program come from rural, urban, and suburban areas and from all income levels.

Staffing: The program is staffed entirely by volunteers.

Organization: The program is administred by the Al-Anon Service Center of Northern Virginia, a private, nonprofit organization concerned with mental health of alcoholics and their families.

Coordination: Cases are referred by social service agencies, medical authorities, law enforcement agencies, and other concerned individuals and groups.

Funding: The program is supported by personal contributions.

CP-00332
Al-Anon Family Groups, Arlington, Va.
2100 N. 14th St.
Arlington, VA 22201
Alateen.
J. Corr.
1957.

Services: Part of this program is concerned with prevention and treatment of child abuse and neglect. Self-help discussion groups for adolescents are offered directly by the program. Families are referred to Al-Anon family groups when necessary.
Clientele: Services are provided to children of alcoholics from all backgrounds.
Staffing: The program is staffed entirely by volunteers.
Organization: The program is administered by the Al-Anon Service Center of Northern Virginia, a private, nonprofit organization concerned with the mental health of alcoholics and their families.
Coordination: Cases are referred by a variety of sources, including medical authorities, law enforcement agencies, social service organizations, and other interested individuals.
Funding: The program is supported completely by personal donations.

CP-00344
Fairfax Hospital, Falls Church, Va. Dept. of Pediatrics.
3300 Gallows Rd.
Falls Church, VA 22046
Fairfax Hospital Child Protection Committee.
P. R. Littleton, and E. Soto.
Jul 75.

Services: The committee was organized to assist in the early diagnosis, reporting, and treatment of child abuse and neglect cases. The program provides social work counseling for parents, and medical care, play therapy, and temporary residential care for children. Adults are usually referred for Parents Anonymous, couples counseling, family counseling, individual therapy, and health counseling. Children are referred for individual therapy. Follow-up is established through monthly phone contact with Protective Services.
Clientele: Approximately two-thirds of the program services individual parents while the remainder is directed at individual children. Clientele are usually from urban, rural, and suburban areas and from all income levels.
Staffing: The program is staffed by volunteers which include nurses, pediatricians, psychiatric social workers, and social workers.
Organization: The program is under the jurisdiction of the Fairfax Hospital Association, a private, nonprofit organization.
Coordination: Full details of case assessment are shared with the local Department of Social Services. Information is also shared with the local Juvenile and Domestic Relations Courts. Cases are usually referred by physicians, other hospitals, public social service agencies, schools, law enforcement agencies, parents, and other individuals. Individual cases are reported to social welfare services.

CP-00338
City of Hampton Dept. of Social Services, Va.
1109 N. King St.
Hampton, VA 23669
Child Abuse - Protective Service Program.
D. Burcham, and J. Crouse.
Jul 75.

Services: Part of the program deals with child abuse and neglect. Identification and prevention services are delivered. Social work counseling, lay therapy, family counseling, homemaking services, health counseling, family planning assistance, residential care, and welfare services are offered directly to parents, with medical care and legal assistance available through referrals. Foster care and residential care services are furnished directly to children with day care and medical care available by purchase. Follow-up is via casework reports filed at admission to the program, at 14 days, at 45 days, and at dismissal from the program.
Clientele: Individual children, children in groups, parents in groups, and families are served. Clients are drawn from mixed-income, urban areas and from military personnel.
Staffing: Child welfare personnel, homemaker specialists, social workers, and training specialists are employed by the program.
Organization: The program is evaluated by a child welfare services specialist from the Virginia Bureau of Child Protective Services.
Coordination: Private physicians, schools, legal authorities, and concerned individuals are the major referral sources. Cases are reported by name to the legal authorities, the social and juvenile services, health departments, the community mental health center, and to a state central registry. Statistical information is also provided to the Child Abuse Council. A community-based multidisciplinary team is maintained which includes participants from the medical and social services, the legal authorities, and community mental health services.
Funding: State, state-administered federal, and city funds accounted for 5 percent, 75 percent, and 20 percent of the program's total finances, respectively, during the last fiscal year.

CP-00391
Prince William County Dept. of Social Services, Manassas, Va.
9127 Euclid Ave.
Manassas, VA 22110
Child Protection Services.
M. Cox.

Services: The program was designed to identify and treat cases of child abuse and neglect. Social work counseling, group therapy, couples counseling, individual therapy, family counseling, housing assistance, and welfare assistance are offered directly to families. The children are provided with therapeutic day care, individual therapy, and foster care. Through purchases or referrals the program provides families and children with health counseling, child management classes, employment assistance, family planning assistance, medical care, day care, play therapy, and residential care. Cases are seen less frequently when improvements are noted; at this time the case is closed or referred for voluntary counseling. Since its inception, the program orientation has shifted from confrontation to a supportive, rehabilitative role which is designed to preserve family life. The program expects to offer more group therapy in the future.
Clientele: In the last fiscal year over 400 investigations were conducted on families, mostly from rural or suburban areas, to determine if abuse or neglect is occurring.
Staffing: The program is staffed with 6 full-time psychiatric social workers; the addition of volunteers and lay therapists is anticipated.
Organization: The agency, governed by the Board of Social Services, is a county child welfare agency. The agency periodically conducts self-evaluation.
Coordination: Information concerning parent-child interaction is usually discussed with a mental health clinic and private therapists treating individual clients. Referrals are received from a wide variety of sources including medical authorities, social service agencies, schools, law enforcement agencies, courts, and private individuals. Cases are reported to the state central registry.

Washington

CP-01681
Coalition for Child Advocacy, Bellingham, Wash.
P.O. Box 159
Bellingham, WA 98225
Coalition for Child Advocacy.
M. Day, and J. Duff.
Oct 74.

Services: Most of the program scope encompasses child abuse and neglect. The first goal of the program is to provide a cooperative community-based method for planning and delivery of services to prevent and remediate child abuse and neglect in Whatcom County. As of September 1975, efforts directed toward such a goal have been in five areas: service planning, legislative advocacy, interagency cooperation, 24-hour telephone consultation, and information and referral. A parent aide service is offered directly to parents; a wide range of social, health, and welfare services is obtainable through referrals. A wide variety of child care and child health services are available to children through referrals. A second goal of the program is to increase knowledge of in the county concerning child abuse and neglect. Activities directed toward this goal have been in the areas of analysis of local child protective service reports, professional and paraprofessional training, public education, and public relatins. Another goal of the program is to increase reporting of cases of suspected abuse and neglect.
Clientele: Individual children, individual parents, and families are served. Clients are drawn from mixed-income, rural and suburban areas.
Staffing: The program staff consists of a coordinator and volunteers.
Organization: The administering organization is governed by the Whatcom County Opportunity Council. The program is evaluated through examination of stated goals, planned activities, and quantifiable or specific accomplishments by the Coalition and by the Whatcom County Opportunity Council.
Coordination: Social service agencies, schools, concerned individuals, and victims are the major referral sources. Cases are reported by name to the social services and by identifying code to the program's assessment team. Educational information is shared with any program, organization, or individual.
Funding: In this fiscal year, state-administered federal and private funds accounted for 99.5 and .5 percent of the program income, respectively.

CP-01697
Suspected Child Abuse and Neglect (SCAN) Center, Spokane, Wash.
105 W. 8th Ave.
Spokane, WA 99204
Suspected Child Abuse and Neglect Program.
D. E. Feehan.
Oct 73.

Services: The program focuses on child abuse and neglect. Lay therapy and Families Anonymous services are offered directly to families. They are referred for a variety of special, health, welfare, and social services. Children are referred for day care, therapeutic day care, medical care, play therapy, individual therapy, specialized therapy, foster care, and residential care. Community services include a

24-hour hot line, a speakers bureau, an information center, and promotion of good parenting. Follow-up is accomplished by twice monthly telephone contacts, monthly volunteer meetings with an assigned volunteer, and Assessment Team meetings upon request. A Base Line Data System has been developed to determine abuse or neglect risk factors in parents.
Clientele: The client profile generally consists of 75 percent individual parents, 5 percent parents in groups, and 20 percent families. In the last fiscal year preventive services were delivered to 80 individual parents, 15 parents in groups, and 80 families. Clients are primarily from urban, mixed-income areas.
Staffing: The program employs lay therapists, social workers, child welfare personnel, nurses, and a research specialist. A lawyer, a pediatrician, and a psychiatrist serve as consultants.
Organization: The organization is supervised by its Board of Directors. The program is evaluated internally by an evaluation committee and externally by the State Divison of Health.
Coordination: Sources of referrals are medical authorities, social service agencies, schools, relatives and clients. Cases are reported by name to social service authorities. Information is shared with various professionals in the community, civic organizations, and the school district. The Executive Director is shared with the Washington Association for Retarded Citizens; a social worker is shared with Voluntary Action; and nurses are shared with the Washington Nurses Association and the Public Health District. An increased public awareness campaign is planned.
Funding: In the last fiscal year, approximately 45 percent of the program's financial support was provided by the county; about 55 percent was contributed by voluntary agencies and personal donations. Sponsors include the Department of Social and Health Services, the Junior League of Spokane, Catholic Charities, Inc., and the United Way of Spokane.

CP-01675
Catholic Children and Family Service, Walla Walla, Wash.
418 Drumheller Bldg.
Walla Walla, WA 99362
Child Abuse Prevention Program.
R. A. Garcia.
Oct 74

Services: The scope of this program focuses on child abuse and neglect. Lay therapy is offered directly to families. Regular (weekly or more often) conferences are held with parent aides, and progress reports are made to the referring agency as deemed necessary.
Clientele: In the last fiscal year preventive measures were taken with individual parents from urban, mixed-income areas.
Staffing: Volunteer psychiatric social workers staff the program. Expansion of the staff is anticipated.
Organization: The organization is supervised by the Catholic Diocese of Spokane. The formation of a policy-making board is planned.
Coordination: Sources of referrals are private physicians, social service agencies, schools, legal authorities, parents, and clients. Cases are reported by name to social welfare services.
Funding: In the last fiscal year, the program was entirely supported by private funds contributed by a voluntary agency.

Wisconsin

CP-01042
Oneida Tribe of Indians of Wisconsin, Inc., De Pere.
R.R. 4
De Pere, WI 54115
Oneida Community Health Center.
A. Doxtator, and P. Pawliss.
Jun 75.

Services: Part of this program is concerned with child abuse and neglect. Home health services, family planning assistance, medical care, and preventive medical services are provided directly for families. Social work counseling, lay therapy, group therapy, couples and family counseling, individual therapy, employment and housing assistance, welfare assistance, residential care, and additional medical care are obtained for families through referrals. Medical care for children is provided directly and by referral. Children are referred for foster care and residential care when necessary. Cases are followed up by home visits.
Clientele: Parents and children from rural low-income groups are served this program.
Staffing: The staff consists of 2 licensed practical nurses, a registered nurse, a volunteer pediatrician, and a volunteer psychiatrist.
Organization: The program is supervised by the Oneida Tribal Business Committee.
Coordination: Cases are referred to the program by relatives and other interested individuals and are reported by name to social welfare services. Family background information is shared with the Public Health Departments of Brown and Outogamie Counties and with the school nurses and home or school coordinators in 4 school districts.
Funding: The program is supported by direct federal funds from the

Wyoming

CP-01497
Albany County Child Protection Counc.., Laramie, Wyo.
255 N. 30th
Laramie, WY 82070
Child Protection Treatment Team.
W. L. Edwards.
Nov 72.

Services: The program scope focuses primarily on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, lay therapy, group therapy, couples counseling, family counseling, and individual therapy services are offered directly to parents, with some of these services and homemaking services, health counseling, child management classes, residential care, medical care, family planning assistance, and welfare services obtainable through referrals. Children receive individual therapy directly, with a wide range of child care and child health services furnished through referrals. Follow-up is maintained through monthly phone calls, home visits, and contacts with referral agencies. A parent aide service has been added to the program, and the inclusion of Parents Anonymous and expanded parent aide services is anticipated.
Clientele: Individual children, children in groups, individual parents, parents in groups, and families account for 20, 5, 60, 5, and 10 percent of the clientele, respectively. Clients are drawn from mixed-income, rural and urban areas.
Staffing: The team consists of child welfare perconnel, family counselors, lawyers, lay therapists, nurses, pediatricians, psychiatric social workers, psychiatrists, psychologists, social workers, and training specialists, all of whom are volunteers.
Organization: The program is conducted by an interagency council made up of public and private agencies. The program is evaluated internally, using informal methods.
Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and victims are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, and to a central registry maintained by the Wyoming Department of Public Assistance and Social Services. Cases are reported by gross numbers to the Council. Information regarding needs and current status is shared with the Albany County Department of Public Assistance and Social Services, the Albany County Branch of the Southeast Wyoming Mental Health Center, and with the Albany County Public Health Nursing Service. Social workers and child welfare personnel are shared with the Public Assistance and Social Services, psychological and psychiatric personnel with the Southeast Wyoming Mental Health Center, and nurses with the public schools and with Public Health Nursing Services.